DOCUMENT RESUME

ED 441 576 PS 028 565

AUTHOR	Porter, Alice, Ed.
TITLE	The State of Washington's Children. [Sixth Annual Report].
INSTITUTION	Washington Univ., Seattle. School of Public Health and Community Medicine.; Washington Univ., Seattle. Human Services Policy Center.
SPONS AGENCY	Boeing Co., Seattle, WA.; Annie E. Casey Foundation, Baltimore, MD.; Washington State Dept. of Social and Health Services, Olympia.
PUB DATE	1997-12-00
NOTE	52p.; For Fifth Annual Report, see ED 416 985.
PUB TYPE	Numerical/Quantitative Data (110) -- Reports - Descriptive (141)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Academic Achievement; Adolescents; Birth Weight; Births to Single Women; Child Abuse; *Child Health; Child Neglect; Child Welfare; *Children; Delinquency; Demography; Dropout Rate; Early Parenthood; Economic Status; Elementary Secondary Education; Foster Care; Guns; Infant Mortality; Infants; Mortality Rate; One Parent Family; *Social Indicators; State Surveys; Statistical Surveys; Substance Abuse; Tables (Data); *Trend Analysis; Unemployment; *Well Being
IDENTIFIERS	*Indicators; Out of Home Care; Vaccination; *Washington

ABSTRACT

This KIDS COUNT sixth annual report examines statewide trends in the well-being of Washington's children. The statistical portrait is based on five general areas of children's well-being: family and community, economic well-being, health, education, and safety and security. The 20 key indicators of child well-being are: (1) births to unmarried mothers; (2) teen birth rate; (3) teen pregnancy rate; (4) children in out-of-home care; (5) average wages; (6) per capita income; (7) jobs in low- and high-wage sectors; (8) child poverty; (9) infant mortality rate; (10) low birthweight; (11) immunization; (12) suicides; (13) public school enrollment; (14) eighth graders' attitudes toward grades; (15) fourth graders not meeting state testing standards; (16) child abuse referrals; (17) injury mortality; (18) firearm deaths; (19) juvenile arrests; and (20) children in juvenile rehabilitation facilities. The report shows improvement in teen birth and pregnancy rates, rate of divorces involving children, average wages and per capita income, percent of working families with children in poverty, infant mortality rate, immunization rates, mortality from medical conditions or suicide, percent of children without health insurance, rate of prenatal care, fourth graders' reading and math scores, child abuse referrals, firearms or homicide mortality rate, juvenile arrests, and mortality from unintentional injuries (birth to 14 years). However, worsening rates are evident in births to unmarried mothers, percent of jobs that are high-wage, number of poor children, low birthweight rate, eighth graders' reading scores, mortality from unintentional injuries (15 to 19 years), domestic violence arrests, and children in juvenile rehabilitation facilities. The report concludes with information on data sources. (KB)

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THE STATE *of* WASHINGTON'S CHILDREN

DECEMBER 1997

REPORT

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The State *of* Washington's Children

DECEMBER 1997

This is the sixth annual report on *The State of Washington's Children*. It was produced by the University of Washington School of Public Health and Community Medicine in collaboration with the UW Human Services Policy Center. This report is part of the Washington Kids Count Project, which receives major funding from the Annie E. Casey Foundation.

University of Washington
School of Public Health and Community Medicine

ACKNOWLEDGMENTS

The 1997 *State of Washington's Children* represents the work of many individuals. Frederick A. Connell, director of the UW Maternal and Child Health Program, directs this project. Alice Porter, UW Center for Disability Policy and Research, is managing editor. Richard Brandon, executive director of the UW Human Services Policy Center, was responsible for sections of this report. Abhay Thatte, UW doctoral student in Urban Design and Planning, contributed valuable assistance. Ted Grichuhin was the programmer. Clarice Keegan was the desktop publisher. Sandy Johnson was the designer. Rachel Porter assisted in data entry and proofreading. Artwork was donated by elementary school students in the Seattle area.

In addition to major support from The Annie E. Casey Foundation (Kids Count), we greatly appreciate funding from The Boeing Company and the Washington State Department of Social and Health Services (DSHS).

We acknowledge valuable information from two reports: the 1995 *Washington State Survey of Adolescent Health Behaviors*, conducted for the Washington State Department of Health (DOH), DSHS, and the Office of the Superintendent of Public Instruction (OSPI); and the 1997 *Developmental Assets Among Seattle Youth* and *Developmental Assets Among Bellevue Youth*, It's About Time for Kids, prepared by the Search Institute in Minneapolis. The following agencies offered data and assistance: Department of Health Center for Health Statistics (DOHCHS), Association of Sheriffs and Police Chiefs, U.S. Bureau of Economic Analysis, U.S. Bureau of the Census, DSHS Division of Child Protective Services, Commission on Student Learning, and the Washington State Employment Security Department. The following individuals provided data and guidance:

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The State of Washington's Children

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WASHINGTON'S CHILDREN

SUMMARY

This is the sixth annual report on *The State of Washington's Children*.

Many of the indicators we have used to track the health and well-being of children appear to be improving. Teen pregnancy and birth rates continue to decline. More women are entering timely prenatal care. Childhood mortality, suicide rates, and death rates from firearms are all dropping. More 2 year-olds are receiving the immunizations they need on schedule. And the share of Washington children living in poverty has declined since the mid-1980s.

As in previous years, our report reveals unfortunate trends as well. The highest share ever of Washington babies are being born to single mothers. The economic well-being of our children and their families has not kept pace with Washington's booming economy. Test scores show that an unacceptable share of our children fail to meet standards in math, reading, and writing. We are incarcerating more children than ever before. Too many children in our state are not growing up healthy, nurtured, optimistic, or secure. Too many children are not engaging in healthy habits or benefiting from preventive health services. Too many children feel unsafe in their neighborhoods, unmotivated at school, and unsupported by their parents and other adults. And too many Washington children of all ages are being exposed to inappropriate adult role models and insufficient adult protection.

To identify and present these trends, we have been using the same indicators for the past six years. These indicators have also been used by other publications and government and scientific reports. But we have become concerned that we may not be measuring many important aspects of child health and well-being. Most statistics that purport to measure child health and well-being measure, in fact, just the opposite: disease, disability, hardship, behavior problems, and families. These measures are useful and important, but it would be beneficial to develop a wider perspective, one that seeks to illustrate and understand health (as well as illness), successes (as well as failures), and function (as well as dysfunction).

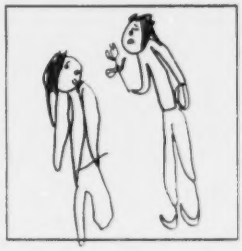
Focusing on positive outcomes will help us measure not just the catastrophes, the failures and deaths, but rather the achievements, the competencies, and the success we want for our children. These goals will give us new directions and new ideas about what we can and should do to improve the lives of children and families.

WASHINGTON'S CHILDREN

HOW *WELL* ARE WE DOING?

This is the sixth annual report on *The State of Washington's Children*. As in the past, we have compiled from a variety of sources a wide array of the most up-to-date information we could find on the health and well-being of our state's children and families. Whereas in the past, we have been compelled to summarize this information in rather bleak and worrisome terms, this year, we cautiously report that the news is somewhat better.

Many of the indicators we have used to track the health and well-being of children appear to be improving. Teen pregnancy and birth rates continue to decline. More women are entering timely prenatal care. Childhood mortality, suicide rates, and death rates from firearms are all dropping. More 2 year-olds are receiving the immunizations they need on schedule. And the share of Washington children living in poverty has declined since the mid-1980s.



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"Several of the indicators that we traditionally track appear to be improving.... But too often, it appears that parents, neighbors, services, and public policies are not working adequately for our children."

THE TRENDS

Family and Community

A fourth of Washington's children are growing up without the emotional support and economic benefit of having two adults at home. Nearly 10,000 children live in foster care and other out-of-home arrangements. These indicators do not appear to have worsened in the past several years. Nevertheless, along with the proportion of births to unmarried women (which continues to increase), these statistics tell us that a large segment of our children needs special assistance from public programs, neighbors, friends, and family. The good news is that teen pregnancy and birth rates continue to decline. But these rates are still far higher than in other western nations; that is, they are still far too high.

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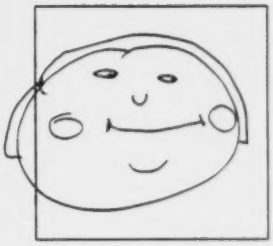


THE MOST RECENT TRENDS – WHAT'S BETTER?

Family and Community Indicators

Teen Birth Rate (per 1,000 15-17 year-olds)	29.6 **(1994)**	26 **(1996)**
Teen Pregnancy Rate (per 1,000 15-17 year-olds)	52.2 **(1994)**	49.7 **(1995)**
Number of Divorces Involving Children	15,331 **(1994)**	14,448 **(1995)**

Economic Well-being Indicators

Average Wages (in 1996 dollars)	$26,258 **(1987)**	$28,871 **(1996)**
Per Capita Income (in 1996 dollars)	$22,460 **(1987)**	$24,838 **(1996)**
Percent of Working Families With Children In Poverty	12% **(1984-86)**	9% **(1993-95)**

Health Indicators

Infant Mortality Rate (infant deaths per 1,000 births)	6.2 **(1994)**	6.0 **(1996)**
2 Year-olds Fully Immunized (percent of 2 year-olds)	75% **(1994)**	79% **(1996)**
Mortality from Medical Conditions	**(1994)**	**(1996)**
(Deaths per 100,000 1-9 year-olds)	13.9	12.3
(Deaths per 100,000 10-19 year-olds)	12.4	10.5
Suicide Mortality (Deaths per 100,000 10-19 year-olds)	8.6 **(1994)**	6.3 **(1996)**
Percent of Children without Health Insurance (Children 18 years or younger)	11.4% **(1994)**	7.7% **(1996)**
Percent of Women Receiving Timely Prenatal Care	82.5% **(1994)**	83.2% **(1996)**

Education Indicators

4th Grade Reading Scores (mean percentile score)	50 **(1995)**	52 **(1996)**
4th Grade Math Scores (mean percentile score)	49 **(1995)**	50 **(1996)**
11th Grade Math Scores (mean percentile score)	53 **(1995)**	55 **(1996)**

Safety and Security Indicators

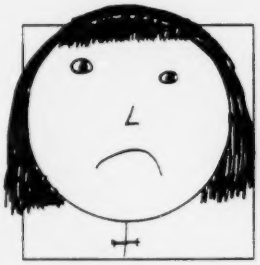
Child Abuse Referrals (per 1,000 children <17 years)	58 **(1994)**	54 **(1996)**
Mortality Due to Firearms (Deaths per 100,000 15-19 year-olds)	21.8 **(1994)**	14.3 **(1996)**

Percent of Mortality Due to Firearms (Percent of deaths of 15-19 year-olds)	30.9% **(1994)**	21.9% **(1996)**
Juvenile Arrest Rates (per 100 10-19 year-olds)	9.5 **(1994)**	8.2 **(1995)**
Mortality from Unintentional Injuries (Deaths per 100,000 0-14 year-olds)	**(1994)** 11.4	**(1996)** 8.9
Homicide Mortality (Deaths per 100,000 15-19 year-olds)	12.5 **(1994)**	7.4 **(1996)**

THE MOST RECENT TRENDS – WHAT'S NOT BETTER?

Family and Community Indicators

Births to Unmarried Mothers	26% **(1994)**	27.2%** **(1996)**
Children Living in Out-of-home Care	9,684 **(1995)**	9,694* **(1996)**
Percent of Families Headed by a Single Parent	25% **(1994)**	24%* **(1995)**



Economic Well-being Indicators

Percent of Jobs that are Low-wage Jobs	40.8% **(1993)**	47.1%* **(1995)**
Percent of Jobs that are High-wage Jobs	29.3% **(1993)**	25%** **(1995)**
Number of Poor Children (ages 0-17 years)	130,015 **(1989)**	150,527** **(1993)**

Health Indicators

Low Birthweight Rate	5.3% **(1994)**	5.6%** **(1996)**

Education Indicators

8th grade Reading Scores (mean percentile score)	55 **(1995)**	55* **(1996)**

Safety and Security Indicators

Mortality from Unintentional Injuries (Deaths per 100,000 15-19 year-olds)	**(1994)** 29.7	**(1996)** 32.9**
Domestic Violence Arrests	26,927 **(1995)**	30,460** **(1996)**
Children Incarcerated In Juvenile Rehabilitation Administration Facilities	989 **(1995)**	1,014** **(1996)**

* No appreciable change
** Worsened

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Physical and Mental Health

Our "health" indicators — which are, ironically, mostly *mortality* rates — are generally improving. Since our last report, the rate of decline of infant, child, and adolescent mortality rates has slowed (or reversed slightly), but it is too early to tell whether the impressive improvements we have seen in these indicators over the past 25 years are over. Two indicators — the low birthweight (LBW) rates and the suicide rates, continue to fluctuate, showing no discernible trend. This is distressing because the LBW rate is now back to the level it was before major expansions of Medicaid in Washington State to provide more health coverage to low income pregnant women. The suicide rate among older teenagers is still about twice the level of 20-25 years ago.

Economic Well-being

"Negative indicators simply do not tell the whole story, and by themselves, may even tell the wrong story."

Although the recent economic boom has resulted in higher average wages and per capita income, families with children have not benefited fully from this improvement. The growth in employment has been primarily in low-wage jobs. Although the proportion of working families with incomes below the poverty line has declined, the growth in our state's child population has resulted in an actual increase in the number of poor children (at least as of 1995, the most recent year for which we have figures).

Education

Reading scores for 4th grader, and math scores for 11th graders improved slightly for Washington students between 1995 and 1996. Scores for 8th-grade reading did not change. Recent Washington test scores (for which trends cannot be drawn) suggest that large numbers of children are performing below adequate proficiency levels.

Safety and Security

This is an area where we appear to be making the most progress. Homicide deaths, as well as deaths from firearms, are considerably decreased in 1996 compared with the record highs two years previously. But these rates are still far above the levels witnessed in the early 1970s. Unintentional injury deaths are generally lower, the 1996 rate for 15-19 year-olds is nearly at the all-time low 1994 level, and the rate for 0-14 year-olds is the lowest ever recorded in Washington. Juvenile arrests are down, but incarceration of youths continues to climb. Our most recent data show a slight decline in the rate of reported child abuse and neglect cases, but the number of arrests for domestic violence increased 10% between 1995 and 1996.

ARE WE MEASURING THE RIGHT THINGS?

Although we have been using the same indicators for the past six years, indicators that have been used by other publications and government and scientific reports, we have become increasingly concerned that we may not be measuring many important aspects of child health and well-being. Most statistics that purport to measure child health and well-being measure, in fact, just the opposite: disease, disability, hardship, and behavior problems.

Much, if not most, research on child development also tends to focus on these bad outcomes: delinquency, suicide, teen pregnancy, and school drop-outs. While these measures are useful and important, we are increasingly coming to believe that it would be beneficial to develop a wider perspective, one that seeks to illustrate and understand health (as well as illness), successes (as well as failures), and function (as well as dysfunction). This will require better measures of "positive" outcomes related to child development, health, well-being, social and psychological function, attitudes, and aspirations.

"It is not unlikely that if more attention were devoted to moving toward positive goals, a faster and more permanent decline in unwanted events and outcomes would occur as a consequence of these efforts."

There are several compelling reasons for this.

- *First, measuring the bad does not tells us how we are measuring the good.* Good and bad outcomes are not necessarily complementary; they are not the reverse sides of the same coin. For example, school failure and school drop-out rates, while certainly important measures for some purposes, do not tell us very much about how well schools are performing — educating citizens, workers, and leaders of the future. If we truly want to know how well —as opposed to how poorly —children are doing, it is necessary to use indicators that actually measure health, well-being, achievement, and other aspects of desirable, positive, and successful development.

- *Second, the measurement of the few does not tell is about the many.* Because many (although not all) negative child indicators have tended to focus on the few dramatic failures, most are based on very small numerators. Knowing, for example, the proportion of children who are in "poor health" — let's say about 5% — does not tell us anything about the health of the remaining 95% of the group. For those interested in the health and well-being of ALL children, it is imperative to examine more than just the small minority of children who are "failing."

- *Third, negative indicators promote reactive — not proactive — policy development.* Using negative outcomes to direct policy and programs is like steering a car by looking in the rear-view mirror. The aim, it often seems, is not the pursuit of success, but avoidance of failure. In the absence of positive goals and measures, much policy is based on ratcheting down negative statistics such as infant mortality, youth suicide, and crime. For this reason,

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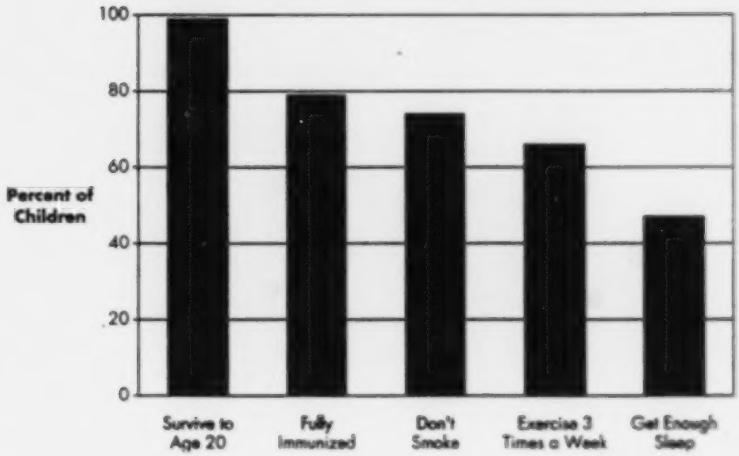
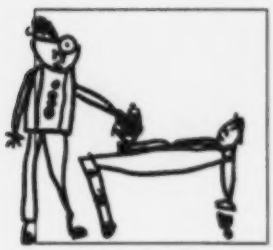
How Healthy Are Our Children?





By the usual measure — mortality — the health of our children is great. Infant mortality is at an all-time low in Washington State, and 99% of children survive to age 20. But are our children healthy? Fewer than 4 of every 5 children at age 2 are fully protected by immunizations that guard against life-threatening illness such as meningitis. By high school, only 74% of children are "smoke free" — the rest are destroying their health by putting themselves at high risk for cancer, heart disease, and lung failure as adults. Only 65% of high school seniors, children who should be close to the peak of their physical prowess, are getting even the minimal amount of exercise recommended for adults in the United States. Even fewer report getting enough sleep. Not only is sufficient sleep essential to functioning well at school, it is also necessary for mental health, vitality, and physical growth.

The truly remarkable progress we have made in saving lives is being nullified by inadequate attention being paid to the health of the survivors. While it is nice to hope that medical science will continue to make strides in compensating for poor personal habits, if we truly want healthy children — and healthy adults — it is up to each of us to assure that ALL children get proper preventive care, that ALL children are protected from poisons such as tobacco, and that ALL children are encouraged to eat well, exercise, and sleep enough.

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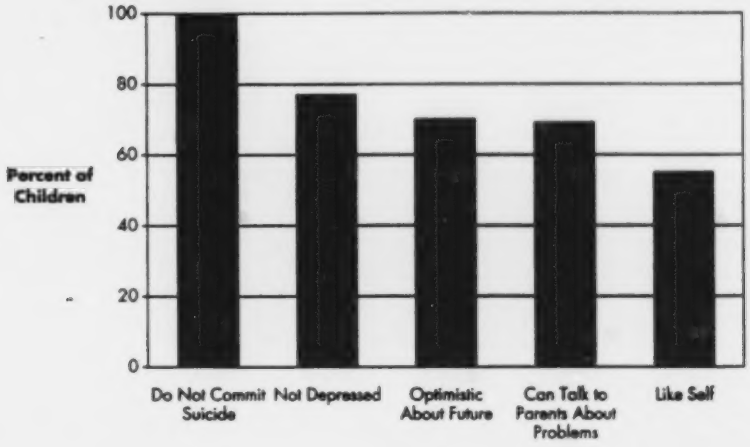
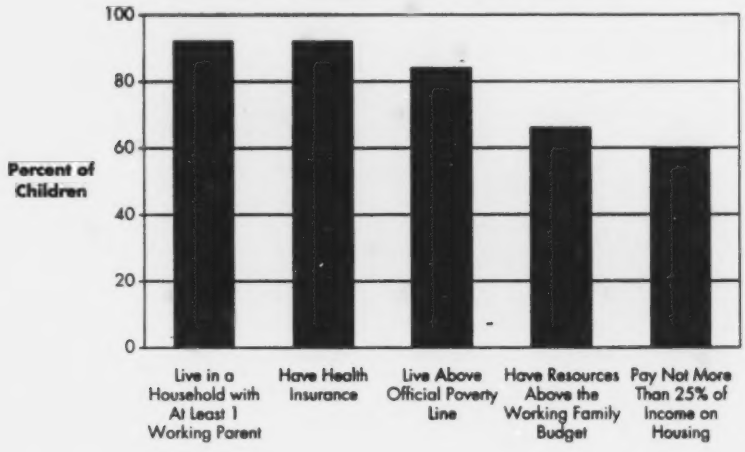
How Emotionally Healthy Are Our Children?



We have been quite concerned about the recent dramatic increase in recent years in the number of suicide deaths among young people. As tragic as even a single suicide death is, when we look at the graph above, it is clear that virtually all children choose not to end their lives prematurely. On the other hand, we have a great distance to go in decreasing the rates of depression or increasing the rates of optimism among youth in our state. Only three-fourths of high school children report that they are not depressed, and only two-thirds express optimism about the future. Only two-thirds of teens feel they can talk to their parents about problems. At a time in life when a person's identity is being formed, only slightly more than half of children say they have high self esteem.

These statistics are related to each other; depression and suicide do not usually arise independent of other aspects of a child's life. The Search survey in Seattle found that children with low levels of internal and external assets were 5 times more likely to report depression and suicidal thoughts than teens with high levels. The critical role of connection to parents was resoundingly demonstrated in a recent national survey of more than 20,000 adolescents. The authors of that study concluded, "When teenagers feel connected to their families, they are less likely to experience emotional distress. Feeling connected to parents and family significantly protects both younger and older adolescents from thinking about and attempting suicide."

How Well-supported Are Our Children?



Washington's economy is booming, with both good and bad consequences for our children. Many children live in a world of affluence experienced by no other generation. Their parents can afford good education, medical care, quality foods, stimulating recreation, and safe, quiet housing. Unfortunately, 1 child in 3 is being left out. The gap between average working families and the affluent is increasing. Wages have stagnated, and the greatest growth in jobs has been in lower-paying sectors. Even for middle class and affluent families, prosperity has come at a price of parents working so many hours that kids are left to fend for themselves.

About 60% of children under age 6 have all their parents in the workforce. And 73% of Washington parents say economic conditions make it hard to raise their children. When Washington adults were asked what they thought "neglect" was, they did not talk much about parents on drugs, leaving their children unbathed and unfed. Rather, they spoke of parents so absorbed with working to make ends meet or provide luxuries that they neglected the emotional needs of their children. We face a challenge of building on our strong economy so it provides our children what they need. This means seeing that all workers are given enough pay and benefits to provide the necessities of life for their families. And it means using some of our affluence to buy flexibility or time off from work to attend to our children, to participate in school events, to talk through problems and concerns, and to help them become engaged in productive community activities.

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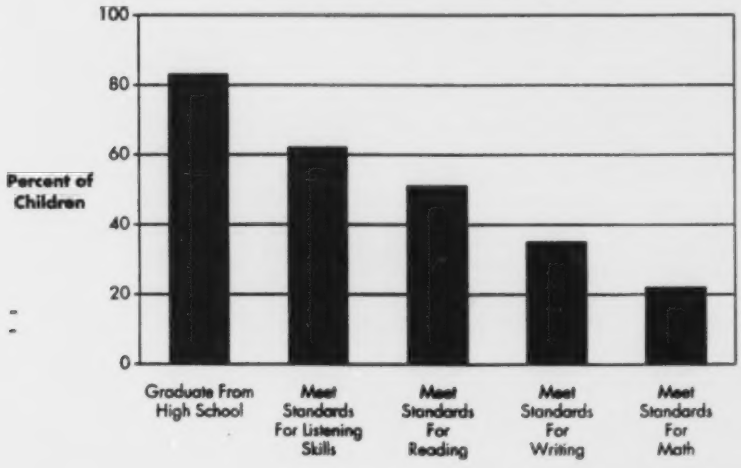
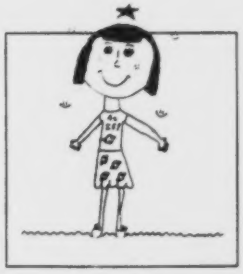
How Well-educated Are Our Children?

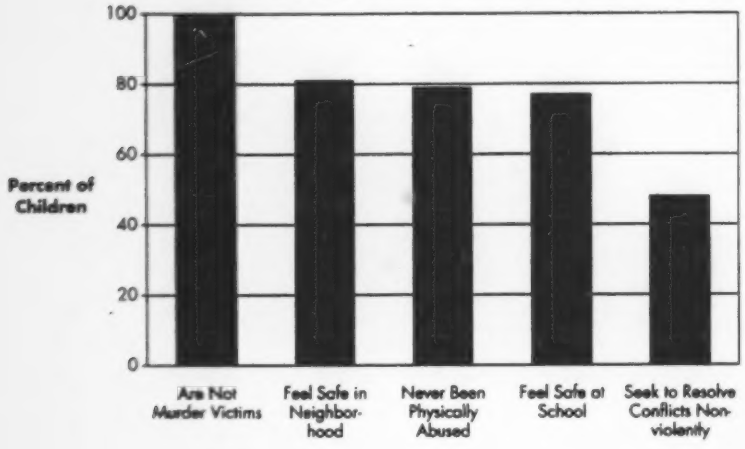




Most Washington students graduate from high school. Although high school graduation is an important goal for students, it does not tell us whether our children are truly receiving a quality education — one that will prepare them to compete and succeed in the 21st century. Washington State, with the overwhelming support of its citizens, has adopted new standards and started implementing new tests to determine how well students in our state are able to meet those standards. The results of recent tests for 4th graders show that a large segment of 4th-grade students are not able to perform up to expected standards. Only half of 4th graders meet the standards for reading, and less than a fourth meet the math standards.

Since these standards and tests are new, the results are not surprising. Teachers and students have not yet had an opportunity to adapt to the new expectations. The test scores, which are indicators of what we want our children to achieve, should be considered a benchmark. They tell us where we are now and how far we have to go to reach our goals, which should be that 100% of children are proficient in these subjects. Research and practice have shown that every child can learn if given the chance, the encouragement, and the resources. These new tests and these new indicators can point the way to new efforts designed at reaching positive educational goals for all our children.

How Safe and Secure Are Our Children?



The attention of the public has been captured in recent years by the spate of homicide deaths among children. But as the graph above shows, virtually 100% of children in Washington are NOT murdered. On the other hand, recent data from the *Washington State Survey of Adolescent Health Behaviors* show that we are much further away from other important goals, such as assuring that children feel safe in their neighborhoods and in their schools. Also, data from this survey show that far from 100% of our children are growing up untouched by physical abuse, presumably from adults in their lives.

If we want our children to be safe and secure, we would do well to focus on positive outcomes: behaviors, skills, and achievements. For example, in the recent Search surveys in Seattle and Bellevue, only 43% to 53% of middle and high school students reported that they seek to resolve conflicts non-violently. Data from previous *State of Washington's Children* reports illustrate that large shares of children do not protect themselves by wearing bike helmets, using seat belts, and avoiding riding in cars when the driver has been drinking alcohol. Focusing on desired behaviors, good adult role models, and constructive social environments will help us to discourage what we don't want (injury, violence, and death). But more important, it will also help us to achieve what we do want: capable and responsible children, safe neighborhoods, and adults who look out for — not fear —their children.

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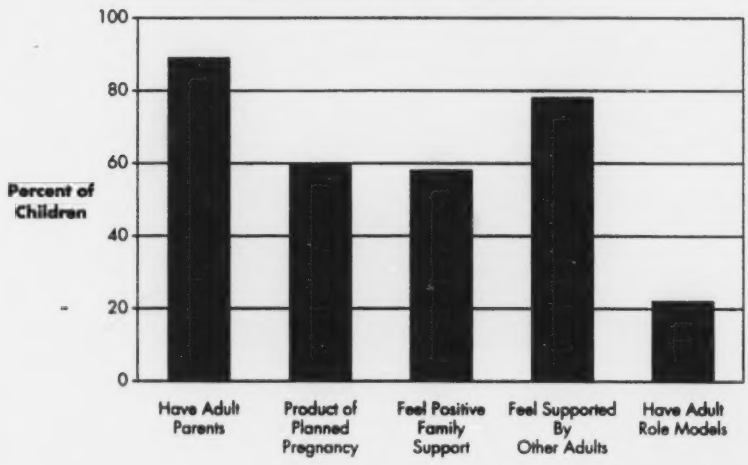
How Valued Are Our Children?



While we usually focus on risks such as being born to a teen mother, the figures above illustrate that the problem — and the challenge — is far wider. Only 60% of births in Washington are the products of planned pregnancies. Just a little more than half of high school students feel supported by their families, and barely a fourth feel that other adults care about them. Fewer than 1 in 4 students say they have adult role models to guide their way into adulthood.

Recent research has demonstrated time and again what common sense has dictated all along: children who are wanted, who are supported by their families and other adults, and who feel positive attachments to their schools, are far more likely to enter adulthood without experiencing the negative outcomes we all worry about — drug dependency, delinquency, and school failure. Family and adult support is the bedrock of healthy development. Every child should be a wanted child. Every child should be supported, guided, and encouraged by caring adults. Every child should feel connected to his or her school and community. These statistics tell us how very far we have to go to give our children — all children — the psychological sustenance they require. And if we attend to assuring that these positive goals are attained, the negative outcomes will diminish on their own.

Continued from page 9

policy is directed to minimize negative outcomes, rather than promote positive development.

The large share of resources in the United States devoted to financing prenatal care, neonatal intensive care, and perinatal research is based largely on the poor standing of the United States in international infant mortality competition, despite the fact that 99.4 of all children born in Washington State survive infancy. Less attention is given, it seems, to the quality of life, the positive well-being, of the survivors. Also, it is not unlikely that if more attention were devoted to moving toward positive goals, a faster and more permanent decline in unwanted events and outcomes would occur as a consequence of these efforts.

- *Fourth, negative indicators simply do not tell the whole story, and by themselves, may even tell the wrong story.* There is an inevitable negative bias that results from our concentration on negative measures. This is not just intellectually dishonest; it also has adverse effects on the way the public views children and the efforts of professionals on their behalf. This is perhaps most true with regard to adolescents. Adolescence is a time of rapid physical, intellectual, and emotional growth, broadening sensitivity, and mastery of new competencies. But the view of adolescence in the minds of many people is a time of problems, unpleasantness, and failure. This is simply wrong, and we are ashamed to admit, the kinds of negative statistics that we publish contribute to this biased image.

In these pages, we have attempted to portray indicators in terms of what we want to achieve rather than what we want to avoid. It is far more difficult to reach agreement about what we want for our children than it is to agree on what we don't want. But thinking about, arguing about, and reaching consensus about positive indicators are the first steps toward establishing positive goals for our children. If we can articulate goals, others will have relatively little trouble figuring out how to measure progress toward achieving those goals.

The fact that we now have available to us data on POSITIVE indicators means that it is indeed possible to measure not just the catastrophes, the failures and deaths, but rather the achievements, the competencies, and the successes we want for our children. These goals will give us new directions and new ideas about what we can and should do to improve the lives of our children and families.

We believe that knowing where we want to go will get us there a lot faster, a lot cheaper, and a lot better than focusing only on what we want to avoid.

FAMILY AND COMMUNITY

Our customary indicators of family and community health — teen births rates, divorce rates, and foster care statistics — have limited usefulness in telling us about how well our families and communities are working. These statistics do tell us some things, however:

- The rates at which school-age girls become pregnant and give birth are decreasing. This trend suggests that efforts to decrease teenage childbearing seem to be working.

- The share of births to unmarried women continues to inch up, and divorce in Washington is still at a very high level. These trends suggest that, regardless of one's opinions about morality, fidelity, or single-parenting, it is clear that growing up in a traditional two-parent family is not a possibility for a greater and greater share of children in our state.

- Close to 10,000 Washington children are in out-of-home placements — in foster homes, in receiving group homes, and living with relatives. The number has remained nearly the same during most of the 1990s, suggesting that social service agencies must continue to deal with the high demand on services these children represent.

Regardless of whether children are born to teenagers or adults, single or married women, it is important that they be wanted. New information on Washington births tells us, however, that 40% of births in our state are unintended — that is, either unwanted or mis-timed. Research shows that unwanted children are more likely to be low birthweight, to be abused and neglected, and to suffer failure throughout their life. Common sense dictates that we should make every effort to assure that every child born in Washington is wanted.

Key Indicators	Then	Now	Trend
Births to Unmarried Mothers	26% (1994)	27.2% (1996)	Increased
Teen Birth Rate (Per 1,000 15-17 year-olds)	29.6 (1994)	26 (1996)	Better
Teen Pregnancy Rate (Per 1,000 15-17 year-olds)	52.2 (1994)	49.7 (1995)	Better
Children Living in Out-of-home Care	9,684 (1995)	9,694 (1996)	No Change

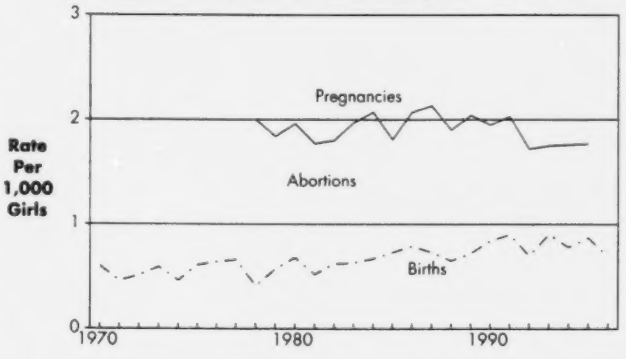
Sexual behavior and child-bearing are intensely private and personal, but the consequences of unintended childbearing affect us all. We must find, fund, and implement better ways to help couples plan their families, so that every child born in Washington can be welcomed — unequivocally — into our world.

Monitoring the trends . . .

Births to Girls Younger than 15 Begin To Decline

• Birth rates for young adolescents crept up during the 1970s and 1980s, but they dropped to a recent low in 1996.

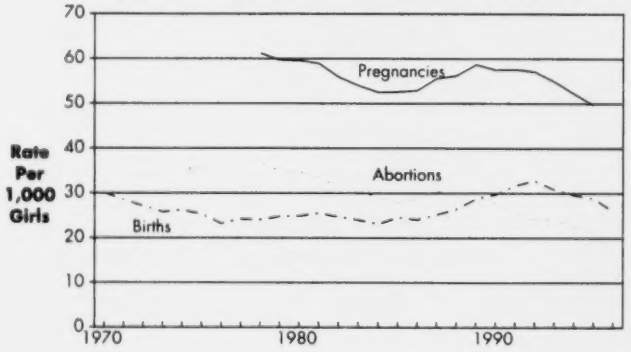
Pregnancy, Abortion, and Birth Rates Among 10-14 Year-olds, Washington, 1970-96



Pregnancy, Birth, And Abortion Rates Begin to Fall for 15-17 Year-olds

• After peaking in the late 1980s and early '90s, pregnancy and birth rates for girls 15-17 have begun to drop consistently. Our teen pregnancy rates are still higher than in other industrialized counties.

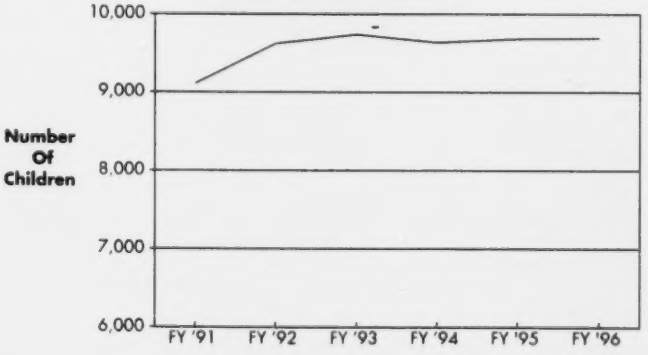
Pregnancy, Abortion, and Birth Rates Among 15-17 Year-olds, Washington, 1970-96



Children in Out-of-home Care

• Every year in Washington, several thousand children are living away from their homes because of their parents' inability to care for them or because of abuse or neglect. The number of children in out-of-home care has been very stable since the early 1990s.

Children in Out-of-home Care Washington, 1991-96



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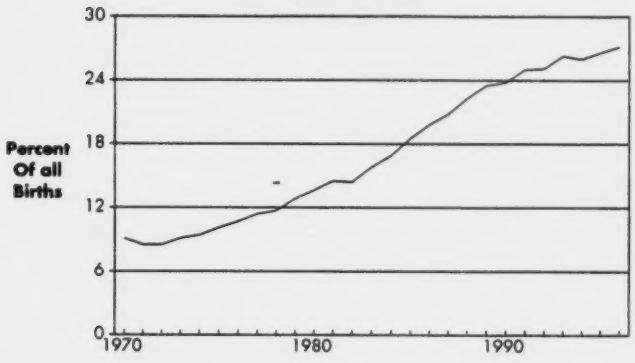
Monitoring the trends . . .

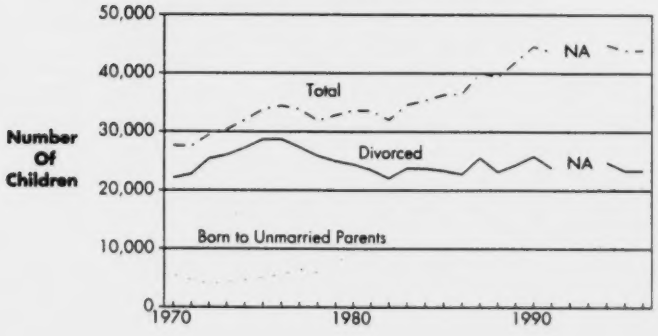
Births to Unmarried Mothers Washington, 1970-96



More Births to Single Moms

• In 1996, the rate of births to single mothers in Washington reached its highest-ever level of more than 27% of all births in the state

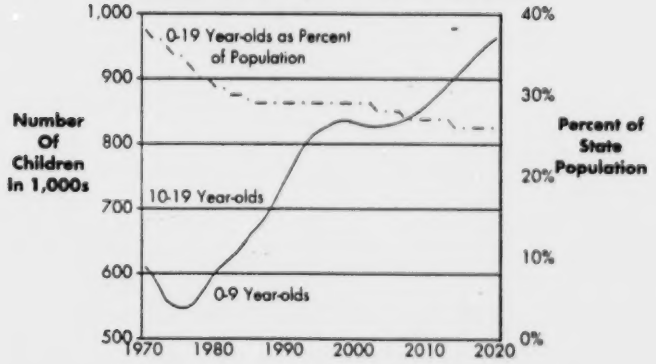
Children Born to Unmarried Parents Or Experiencing Divorce of Parents In Past Year, Washington, 1970-95



More Children With Single Parents

• State data show that about 25,000 children in Washington are either born to unmarried parents or experience the divorce of their parents each year. The number of these children has been rising steadily since the early 1980s, driven mostly by the increase in the number of births to unmarried parents.

Washington State Children's Population Trends and Projections, 1970-2020



More Children, but A Smaller Share

• Although the number of Washington children has been increasing since the mid-1970s, children as a share of the state's population has been declining during this time.

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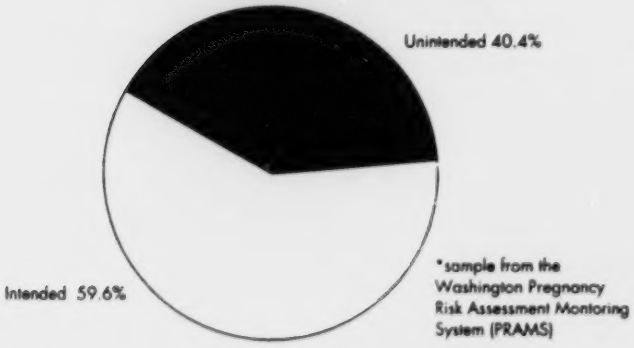
THE BEST START IN LIFE IS TO BE WANTED

Every child should be a wanted child. Yet the data in this section — taken from a new Washington State Department of Health survey — show that 4 out of every 10 births in Washington are either unwanted or mis-timed. Most of these births are towomen who were not using birth control. The information in this report suggests that the affordability and availability of family planning services is not the major problem. Rather, many of these women said that they "didn't think they could get pregnant." We must, therefore, redouble our efforts to make women more aware of their true risks of getting pregnant and to motivate women to plan their pregnancies so that all children are born to parents who want them.

Share of Pregnancies in Washington That Were Intended,* 1993-95



40% of Washington Births Are Unintended

- A recent survey of women giving birth in Washington State (the Perinatal Risk Assessment Monitoring System, PRAMS) found that 4 of every 10 births were unwanted at the time of conception, or they were mis-timed.

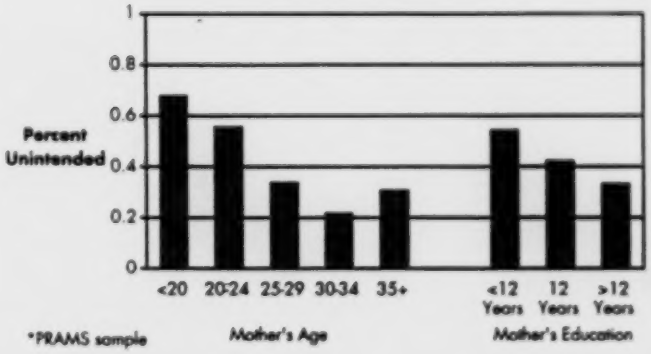
- If women who undergo abortions are included, more than half of Washington pregnancies were unintended.

Some Groups of Women Are More Likely To Have Unintended Pregnancies

- Nearly 70% of births to women under 20 are unintended.

- In addition to age, education makes a big difference in the likelihood of having an unintended pregnancy.

Demographic Risks for Unintended Pregnancy* Washington, 1993-94

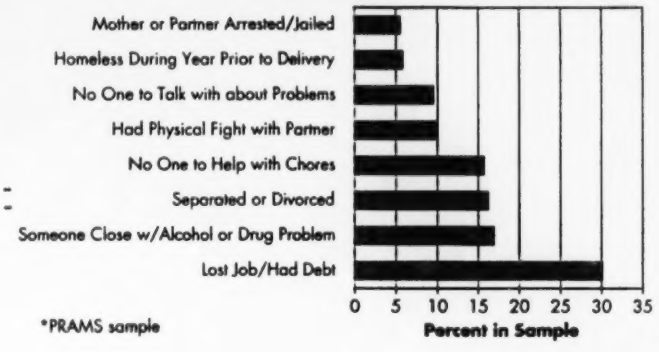


For Many Washington Women, Pregnancy is a Time Of Stress and Duress

• The PRAMS survey found that a large share of women experience major stressful events during pregnancy, including physical fights (10%) and homelessness (6%).

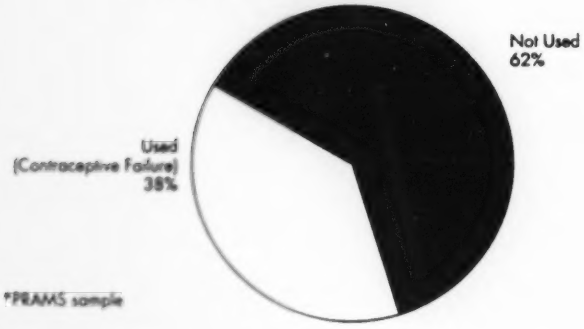
• More than 5% of Washington women reported that they or their partners were arrested or jailed during pregnancy.

Events and Supports During Pregnancy* Washington, 1993-94


Mother or Partner Arrested/Jailed
Homeless During Year Prior to Delivery
No One to Talk with about Problems
Had Physical Fight with Partner
No One to Help with Chores
Separated or Divorced
Someone Close w/Alcohol or Drug Problem
Lost Job/Had Debt
0 5 10 15 20 25 30 35
Percent in Sample

*PRAMS sample

Contraceptive Use Among Women With Unintended Pregnancies* Washington, 1993-94



*PRAMS sample

Contraceptive Use And Unintended Pregnancies

• Among women who had unintended pregnancies, 62% reported that they were not using contraceptives at the time of conception.

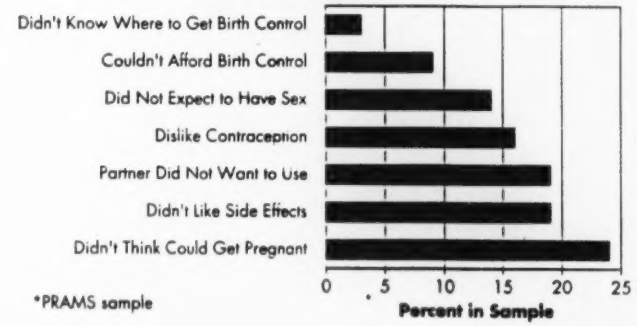
• More than a third of the remaining 38% of women were using some form of contraception, but often not correctly or consistently.

Some Women Report Financial Reasons For Unintended Pregnancies

• Only 9% of women who had unintended pregnancies said they couldn't afford birth control.

• About 3% said they didn't know where to go for birth control.

Women with Unintended Pregnancies* Reasons for Not Using Contraceptives Washington, 1993-94


Didn't Know Where to Get Birth Control
Couldn't Afford Birth Control
Did Not Expect to Have Sex
Dislike Contraception
Partner Did Not Want to Use
Didn't Like Side Effects
Didn't Think Could Get Pregnant
0 5 10 15 20 25
Percent in Sample

*PRAMS sample

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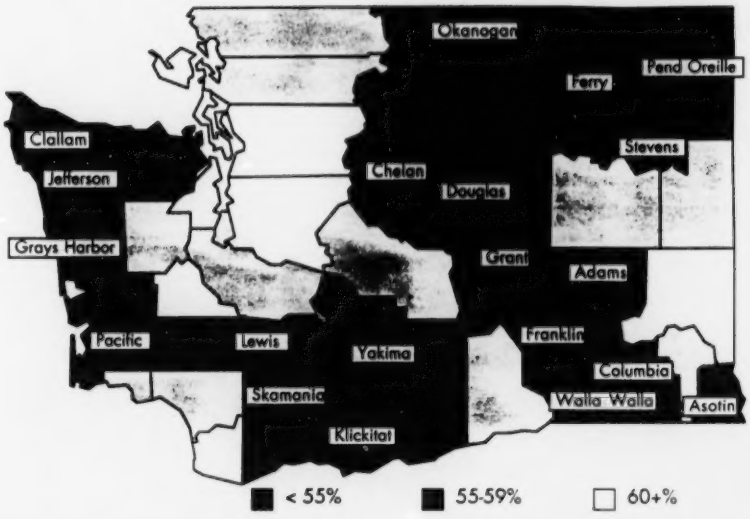
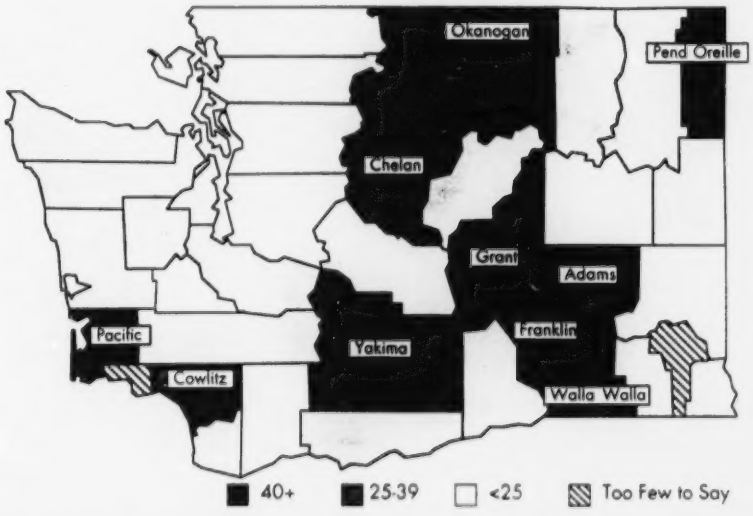
Estimated Percent of Births That Were Intended
Washington, 1993-94



Recent estimates suggest that the highest rates of unintended pregnancy occur in rural counties in Eastern Washington and counties along the Coast of the Olympic Peninsula.

Births per 1,000 Girls 15-17 Years Old
Washington, 1991-96



The pattern of counties with the highest teen pregnancy rates is similar to the pattern for unintended pregnancy.

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WASHINGTON'S CHILDREN

ECONOMIC WELL-BEING

Washington has been blessed with a booming economy in recent years. Total employment and per capita income have increased substantially. Many new businesses have added to the diversity of our economy, while many mainstay industries such as aerospace have thrived.

A strong economy can provide support for children in two ways. First, parents may be more likely to be employed and to provide their children with the necessities of life. Second, there is more tax revenue to support critical public services such as education.

Unfortunately, a combination of public policy and the recent pattern of economic growth undermines what should be benevolent economic conditions for children.

- Many workers are being left behind in the boom. The share of jobs in the high-paying sectors dropped from 29% in 1983 to 25% in 1995, and it continues to decline.

- Average wages grew only $68 per year, or a fourth of 1% annually, from 1987 to 1996, when adjusted for inflation.

- The number of very poor children in Washington has continued to grow, increasing by 20,500 from 1989 to 1995.

On the public policy side, the spending limits imposed by Initiative 601 have kept the benefits of a booming economy from being invested in such drivers of economic growth as better high school education or enough room at colleges and universities to accommodate Washington's continued population growth.

Key Indicators	Then	Now	Trend
Average Wages	$28,258 (1987)	$28,871 (1996)	Same
Per Capita Income	$22,460 (1987)	$24,838 (1996)	Better
Jobs in High- and Low-wage Sectors			
High	29.3	25.0	Worse
Low	40.8	47.1	Worse
	(1983)	(1995)	
Number of Poor Children Ages 5-17	130,015 (1989)	150,527 (1995)	Worse

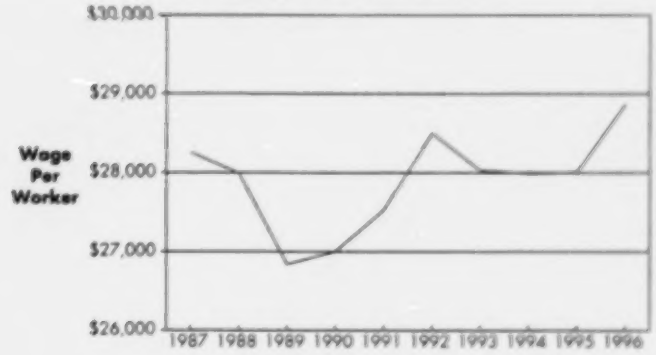
High school student expectations mirror what economic data demonstrate: a college degree is necessary for a well-paying job in our new economy. But we have not increased the share of our high school graduates who attend college. And although welfare reform offers more child care subsidies and the promise of work to low income parents, it seems likely that the changes will leave low-wage working families without sufficient income to support their children, and these families will continue to use lower-quality child care.

Monitoring the trends . . .

Slow Wage Growth

• Average wage growth fell below inflation in the late 1980s, recovered during 1989-92, then stagnated through 1995. Wages rose sharply in 1996. For most of the decade, wages have just kept pace with inflation.

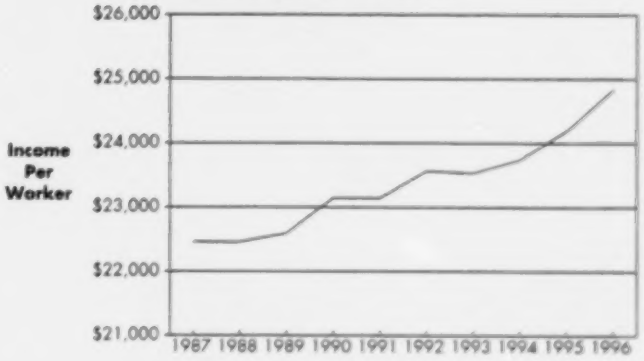
Average Wage Per Worker in 1996 Dollars
Washington, 1987-1996



Faster Income Growth

• Real income per person, including such non-wage income as business profits, has grown four times as fast as wages in Washington over the past decade. A minority of the population has significant non-wage income, and growth in this area indicates a widening gap in income levels.

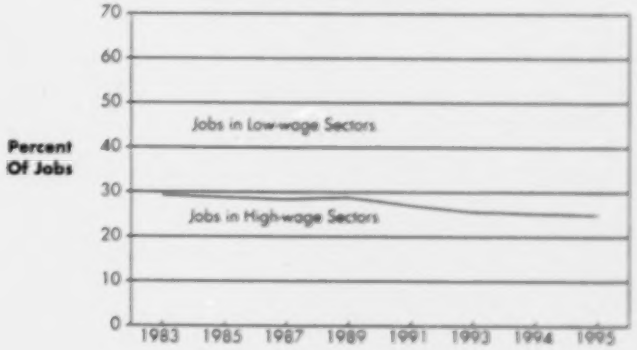
Annual Per Capita Income in 1996 Dollars
Washington, 1987-1996



Losing High-wage Jobs

• The decline in the share of jobs in high-wage sectors shows that economic prosperity has not reached all workers.

Share of Jobs in High- and Low-wage Sectors
Washington, 1983-1995



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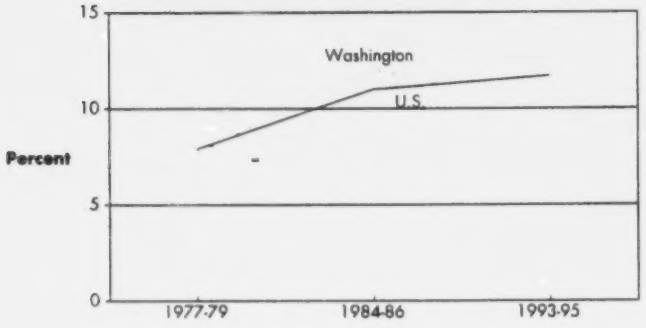
Monitoring the trends . . .

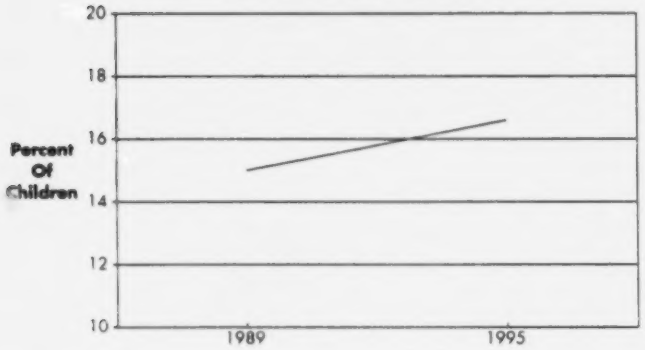
Families with Children That Are Poor As a Share of All Working Families Washington and U.S., 1977-95



Working But Poor

• About 1 of every 10 Washington families with children has a working parent but still lives below the official poverty line.

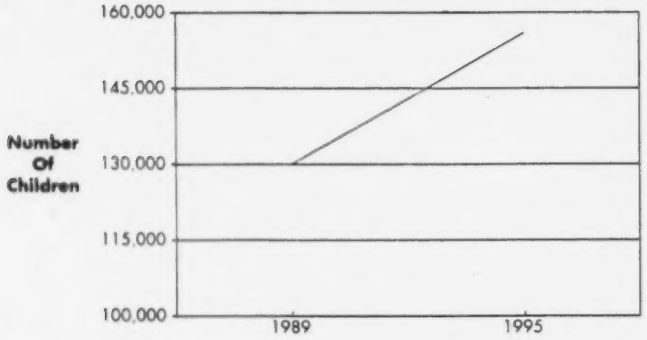
Poverty Rate of Washington Children Ages 5-17 Years, 1989 and 1995



Child Poverty Rate Increases

• Despite continued economic growth and rising average income, child poverty in Washington continues to increase, reflecting the low wages and lack of full-time work available to many parents of young children. Child poverty rates are about twice as high for African American, Native American, and Hispanic children as for whites.

Number of Poor Children Ages 5-17 Years Washington, 1989 and 1995



A Growing Problem

• The number of poor children ages 5-17 years in Washington grew by 20,000 from 1989 to 1995 — a 15% increase in just 6 years.

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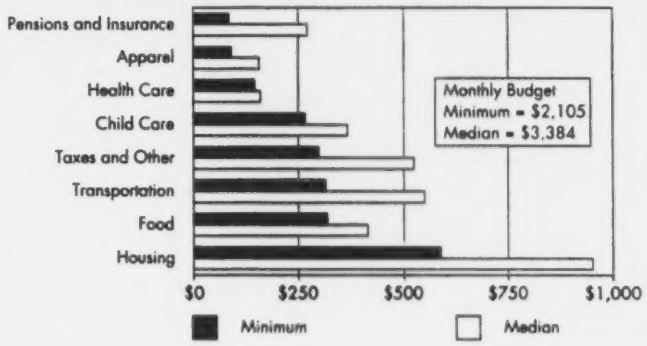
PROVIDING FOR A FAMILY

The official federal poverty level is by now an outmoded and misleading standard. Most economic analyses indicate that it actually takes an income of twice this level to provide the necessities for a family. In this section, we show that the minimum monthly costs of food, housing, transportation, medical care, and child care together represent two-thirds of what the average Washington family spends. We then examine the financial ability of families in Washington to provide these basic necessities to their children.

Minimum and Median Family Budgets For a Washington Family of Three, 1996



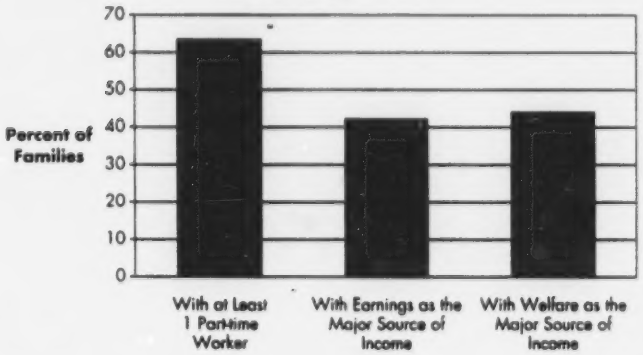
Meeting Basic Needs

• It costs about $2,100 a month, or $25,000 a year, to support a family of three in Washington. This equates to an hourly wage of about $12 for a full-time worker. Recent studies of low income mothers show that they supplement their public assistance with part-time work and assistance from family and friends to bring them up to this level.

More Work Than Welfare

• Nearly two-thirds of Washington households with incomes below the official poverty line have at least one worker. Nearly as many poor households with children have earnings as their major source of income as have welfare as their major source.

Work Situation of Working Poor Families with Children Washington, 1995



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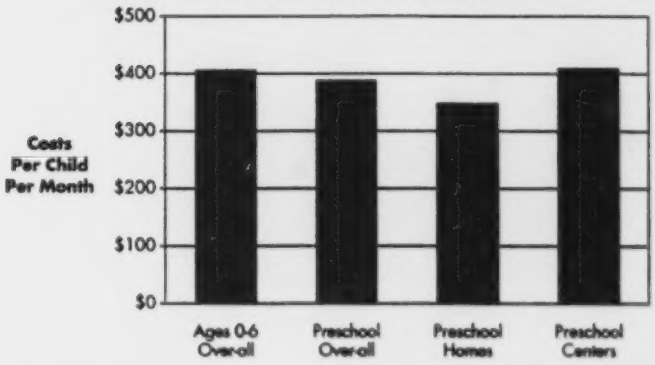
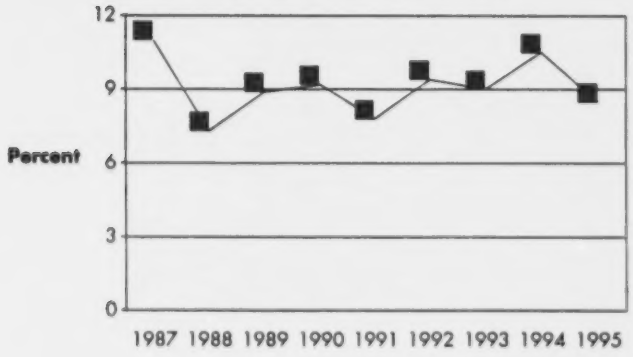
The Cost of Child Care

• Full-time preschool child care costs an average of $390 a month, which is 19% or $1 of every $5 of average take-home wages in Washington. For children younger than age 2, the cost is considerably higher.

Full-time Child Care Costs in Washington By Age of Child and Type of Facility, 1996



Share of Washington Children Ages 0-17 Without Health Insurance, 1987-95



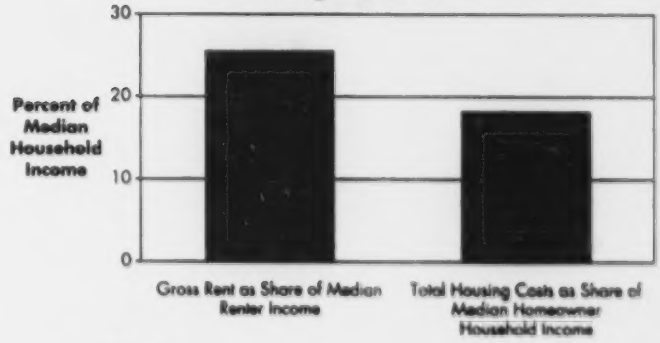
Lack of Health Insurance

• Washington citizens can be proud that optional expansion of the federal-state Medicaid program and the Basic Health Plan have greatly improved access to health care for children. But 1 child in 12 — more than 120,000 children — still lacks health insurance. (A 1996 survey found that 7.7% of Washington children are uninsured.)

High Cost of Rent

• Housing costs more than a fourth of total income (26%) for the average household that rents. For the average homeowning household, whose income is higher, housing costs only 18% of income.

Typical Housing Costs For Renter and Homeowner Households Washington, 1990



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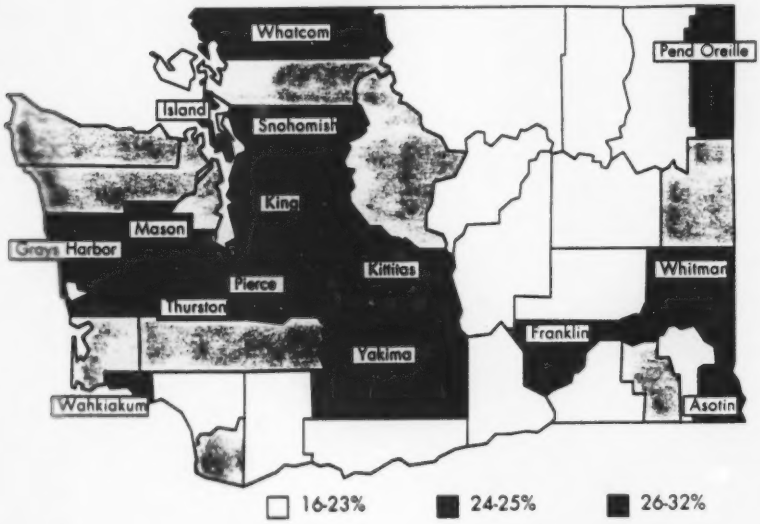
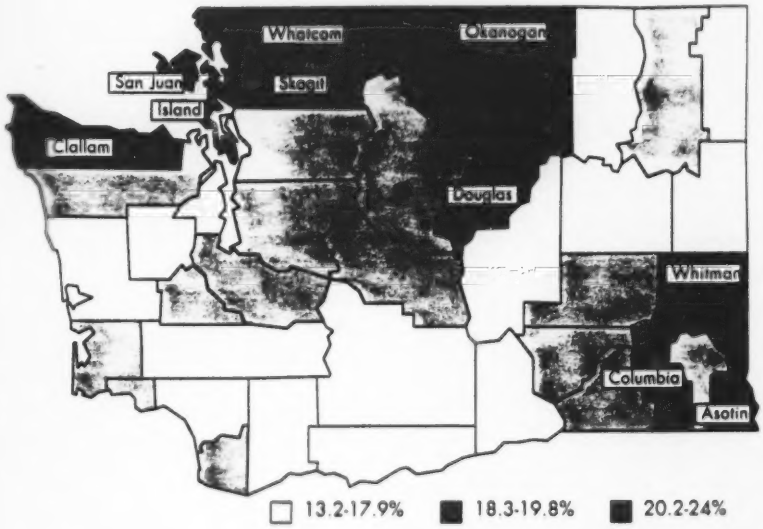
Percent of Median Household Income Going to Rent
Washington, 1990



For moderate income families in Washington, 1 of every 4 dollars of average household income goes to pay rent. This ranges from a low of 16% of income in Ferry County to a high of 30% of income in Kittitas and 32% of income in Whitman counties.

Full-time Child Care Costs for One Preschool Child
As a Percentage of After-tax Wages
Washington, 1995



The cost of child care can be a significant impediment to work, consuming nearly $1 of every $5 of the average take-home wage. National studies have shown that broad-based child care subsidies would increase work force participation of low income mothers from 16% to 50%, with a substantial decline in welfare dependency.

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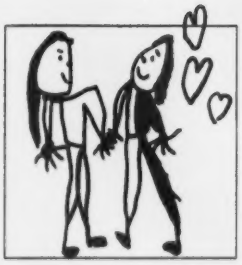
WASHINGTON'S CHILDREN

HEALTH



Examining the trends, we find that in many ways, children in Washington have never been better off.

- Infant mortality continues to decline.
- Deaths from injuries and diseases are at an all-time low.
- Prenatal care and immunization rates are increasing.
- Suicide rates — though still very high — have declined from earlier levels.

But the picture is quite different if we examine the health habits of our children. These habits influence not just their current well-being, but also their future health.

- Less than half of high school students say they pay attention to health, nutrition, and exercise.
- Only three-fourths of adolescents exercise adequately, and this proportion goes down as children get older.
- Only about a third of teenagers feel they get enough sleep.

Key Indicators	Then	Now	Trend
Infant Mortality Rate (Deaths per 1,000 babies)	6.2 **(1994)**	6.0 **(1996)**	Better
Low Birthweight Rate	5.3% **(1994)**	5.6% **(1996)**	Worse
2 Year-olds Fully Immunized	46.1% **(1985)**	79% **(1996)**	Better
Suicide Mortality (Deaths per 100,000 10-19 Year-olds)	8.6 **(1994)**	6.3 **(1996)**	Better

Thanks to medical science and public health programs, our children are surviving better, and they are better protected from infectious diseases. But obesity, depression, smoking, psychological stress, drug use, alcohol use, and poor physical fitness afflict far more children than all the physical diseases we can detect. These problems will compromise the health of our children as they move through their adult years.

The solution, according to data from numerous studies, may be to connect them with their schools and communities, engage them in positive activities, and help them make positive goals for their future. With these supports, our children are more likely to take better care of themselves.

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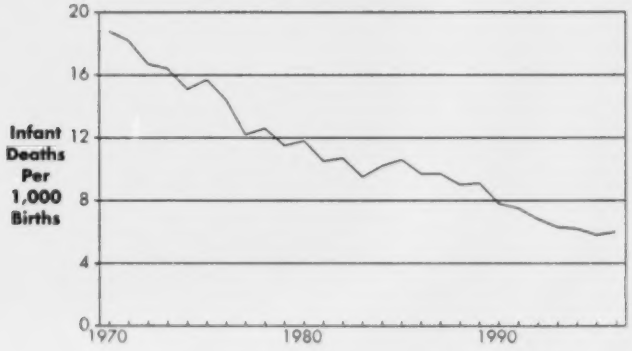
Monitoring the trends . . .

Lower Infant Mortality

• The infant mortality rate in Washington leveled off in 1997 after declining dramatically since the late 1980s. Today, the infant mortality rate is less than a third of the rate in 1970.

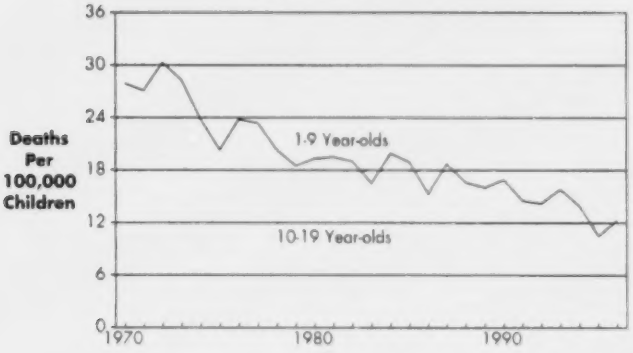
Infant Mortality
Washington, 1970-96



Lower Childhood Mortality

• The rate at which Washington children die from medical problems has also leveled off in recent years but at a level less than half that of the mid-'70s.

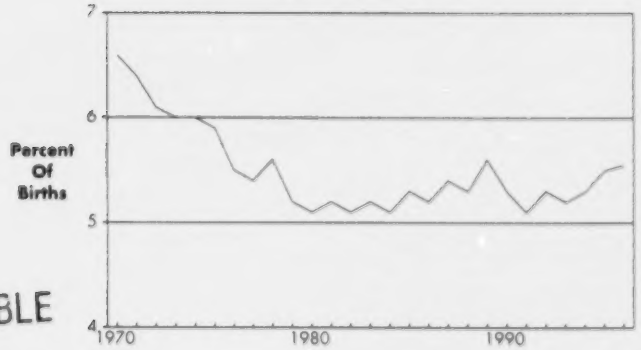
Childhood Mortality from Medical Conditions
Washington, 1970-96



Low Birthweight Progress Stalled

• Despite improvements in access to prenatal care, improvements in low birthweight have been difficult to achieve.

Low Birthweight Rate
Washington, 1970-96



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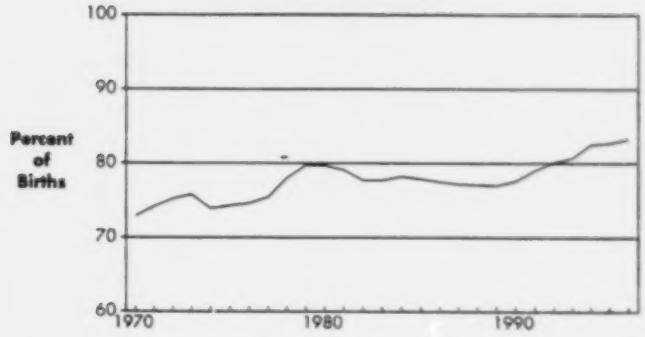
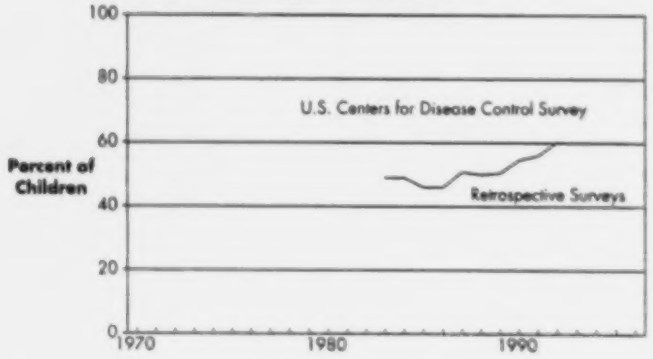
Prenatal Care Begun During First Three Months of Pregnancy Washington, 1970-96



Prenatal Care Progress Slows

• The improvement in the share of women starting prenatal care during early pregnancy, which occurred after implementation of the First Steps program in 1989, has begun to level off.

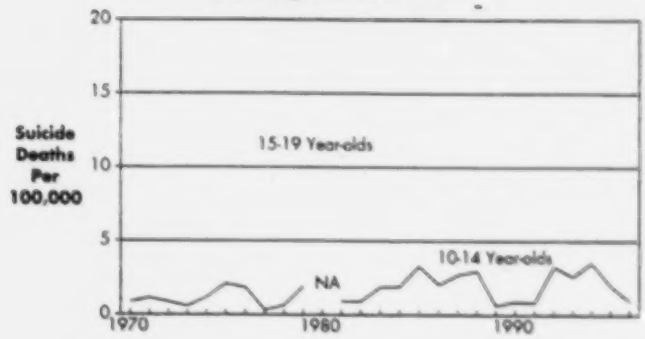
Proportion of 2 Year-olds Who Are Fully Immunized Washington, 1970-96



More Children Immunized

• A new survey to measure the share of children receiving immunizations on time has been implemented by the U.S. Centers for Disease Control. The new data show that more Washington 2 year-olds than previously thought, about 80%, receive timely immunizations.

Suicide Rates for Children 10-14 Year-olds and 15-19 Year-olds Washington, 1970-96



Youth Suicide

• The rate of completed suicides of Washington children and youth varies greatly each year, but may be drifting downward to levels comparable to the early 1980s.

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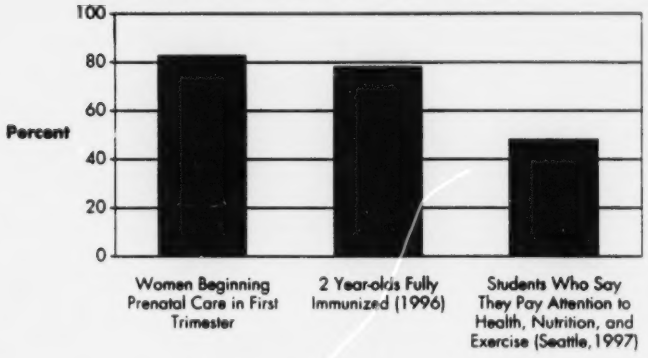
UNLEARNING TO TAKE CARE OF THEMSELVES

The trends in health indicators on the previous pages document the enormous strides that have been made in reducing infant and child mortality, a testimonial to medical science and technology. But good health is not the same as good medical care. Every day, new research is proving that health habits such as diet, exercise, and mental outlook have large and important influences on health — in the long- and short-run. The statistics on these two pages, which document the woeful state of good health habits among children, are particularly distressing for this reason. Health is not simply the absence of death and disease. True health requires good habits, habits that should be learned — not unlearned — when we are young. The graphs show that during their high school years, our children are already on the road to becoming less healthy.

Preventive Services and Behaviors Washington Children and Youth, 1995-97



Prevention Drops Off As Children Get Older

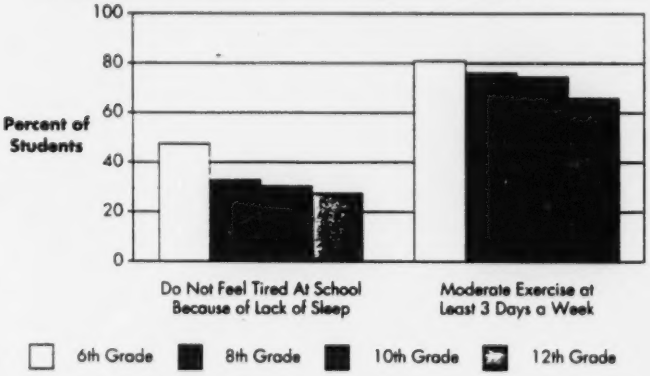
• During the prenatal period, more than 80% of mothers get early care. By age 2, about 79% of children are fully immunized. But by the teen years, less than half of students say they take care of their health by paying attention to nutrition, exercise, and other health habits.

Unlearning Good Health Behaviors

• The best way to keep healthy is to start early in developing a healthy lifestyle. But it appears that our children are actually unlearning the good habits they learn in their youth.

• Health-giving behaviors such as getting enough rest each night and enough exercise each day decline as children move from 6th grade through high school.

Energy and Exercise of Washington Students, 1995



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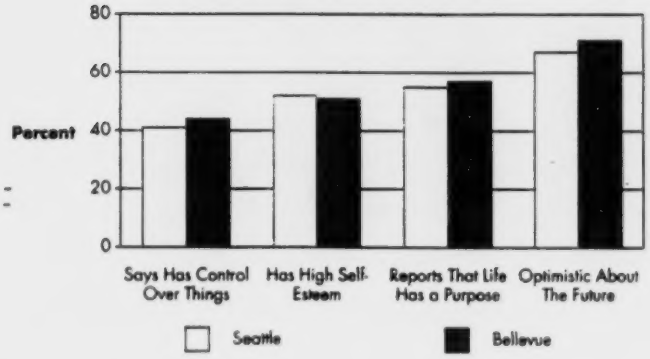
The Inner World of Our Youth

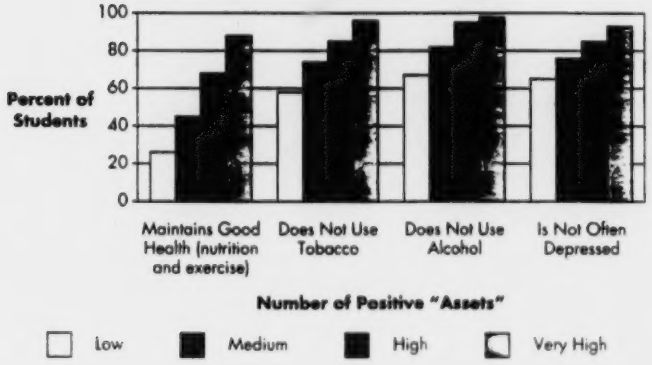
• Adolescence is a time of enormous emotional growth and development, but it is also a time of profound uncertainty.

• Fewer than half of high school students feel in control of their lives, feel good about themselves or feel that "life has a purpose."

Indicators of Mental Health
Seattle and Bellevue Youth, 1997



Assets and Healthy Behavior Patterns
Seattle and Bellevue Youth, 1997



Feeling Good Means Doing Good

• Recent surveys of Seattle and Bellevue high school students show that students who had levels of personal "assets" and supports — such as high self esteem, good connections to their schools, and adult role models — were far more likely to exhibit healthy behaviors.

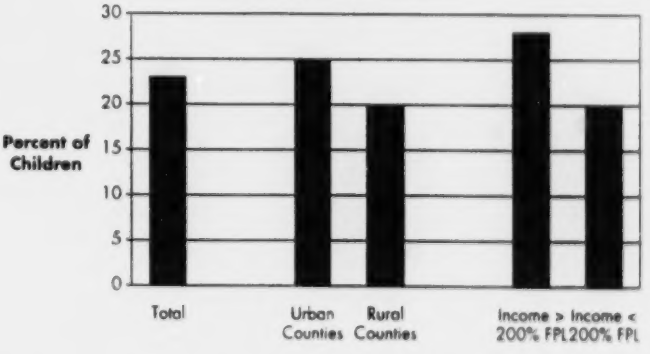
• Students with high levels of positive assets were far less likely to smoke, drink, or be depressed.

Good Health Begins At Home

• The DSHS Division of Alcohol and Substance Abuse and the DSHS Office of Research and Data Analysis found that many children are exposed to unhealthy behaviors such as illicit drug use.

• The share of households with drug use (defined as using illicit drugs or drugs not prescribed by a doctor) was found to be higher in urban households and in those with incomes greater than 200% of the federal poverty level (FPL).

Children Exposed to Drug Use at Home
Washington, 1994



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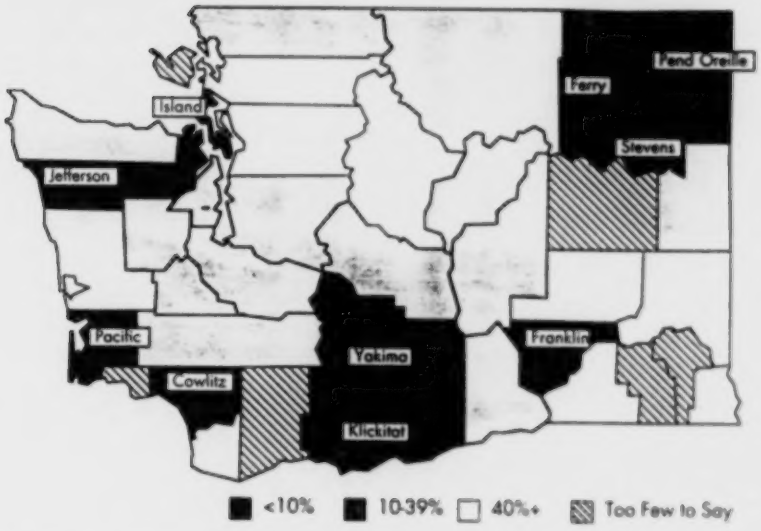
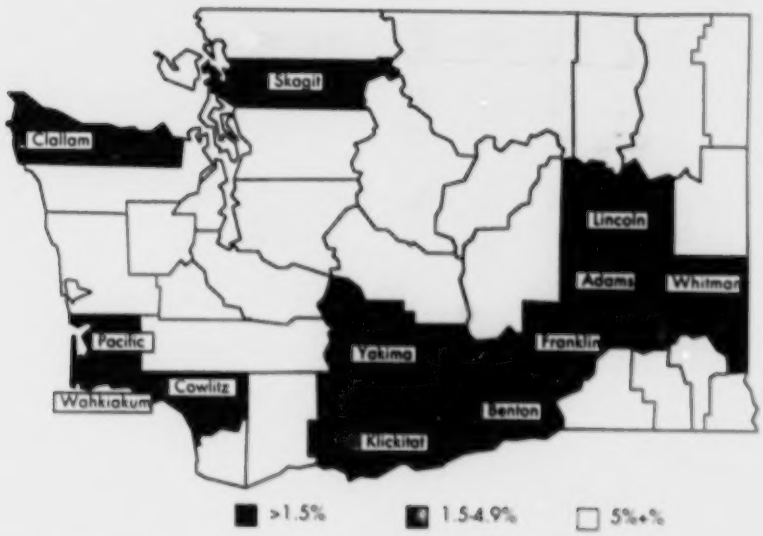
Percent Decline in Infant Mortality Rate Washington, 1984-89 to 1990-95



Although infant mortality declined dramatically during the last decade, this decline was not uniform across the state. Counties in the northeast corner and southern tier had the least improvement.

Percent Improvement in Women Starting Prenatal Care In the First Trimester, Washington 1984-89 to 1990-95



The First Steps program resulted in significant improvement in access to prenatal care for pregnant women in many counties. Comparison of this map with the one above suggests that there is only a weak association between improvements in prenatal care and improvements in infant mortality.

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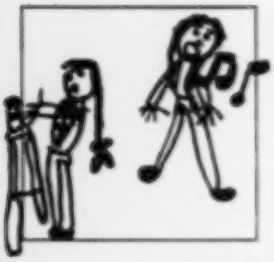
EDUCATION



This is a critical year for monitoring education in Washington State. We have the first results of a new, voluntary statewide assessment as well as new national math and science scores. The results show that our children are not exhibiting strong academic performance.

- Only 1 in 5 students in 4th grade (22%) met or exceeded the state standard in mathematics. Only 1 in 3 (35%) showed competence in writing. And only about half (51%) met the reading standard.

- There are great disparities between the performance of average students and those of low income, low parental education, or minority race or ethnic background.

On the positive side, we see a renewed community commitment to improve public education.

- Washington's scores on nationally normed math tests have improved in recent years.

- Washington has enacted major education reform legislation, including new tests and a program to pinpoint problems at the school and classroom level. A recent survey shows that 83% of Washington residents support the principles embodied in the state education reform act.

Key Indicators	Then	Projected	Change
WA Public School Enrollment			
K-8	691,767	733,525	+ 6%
Grades 9-12	299,871	312,030	+ 4.1%
Over-all	991,640	1,045,555	+ 5.4%
	(1997)	**(2002)**	
Share of 8th Graders Who Say		**Now**	
Good Grades Are Not Important	9.9%	9.4%	-5%
	(1990)	**(1995)**	
Share of 4th Graders Who Do Not Meet Adequate Standards on 1997 CSL Tests	Math 78%	Reading 49%	Writing 65%

- Per-pupil public school spending in Washington has been increasing faster than inflation over the past decade, rising 26%, from $4,154 in 1983 to $5,215 in 1994, in inflation-adjusted 1994 dollars.

- Most (89%) 12th-grade students say it is important for them to get good grades at school.

Monitoring the trends . . .

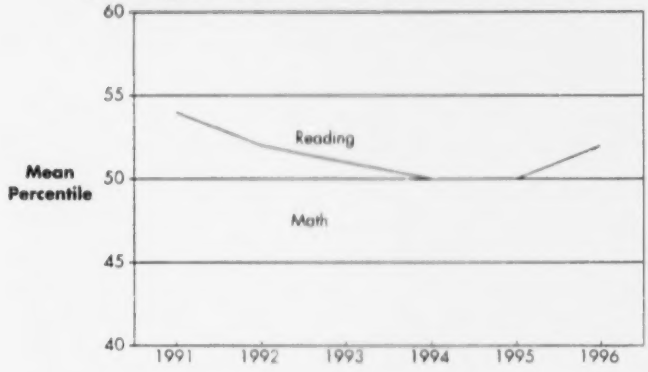
Reading Scores Decline

- Test results on this page show how students perform relative to the national average, but they do not show how many students are meeting standards. A score of 50 equals the national average. At 4th- and 8th-grade levels, reading performance has declined from well above the national average to only slightly above. Washington students have increased their performance on math relative to the national average, a welcome improvement after years of decline. But the national average itself is unsatisfactory, with only about 1 in 5 students showing a solid level of academic achievement in math on the national assessment.

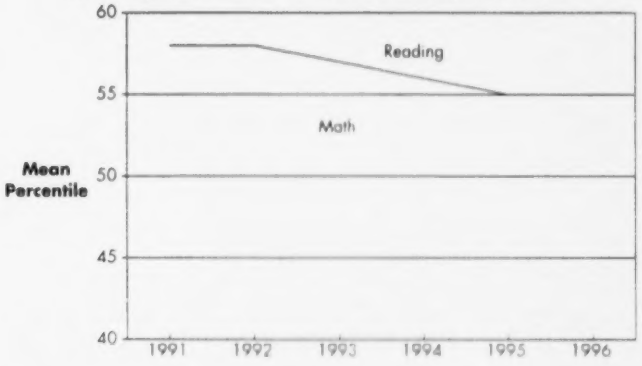
Behind In Math and Science

- U.S. students start well in math and science, but by the 8th grade, fall behind students from other industrialized countries.

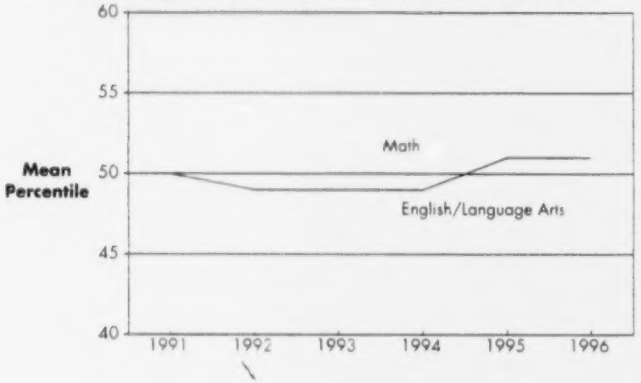
Scores on 4th-grade Reading and Math Tests (CTBS)
Washington Public School Students, 1991-96



Scores on 8th-grade Reading and Math Tests (CTBS)
Washington Public School Students, 1991-96

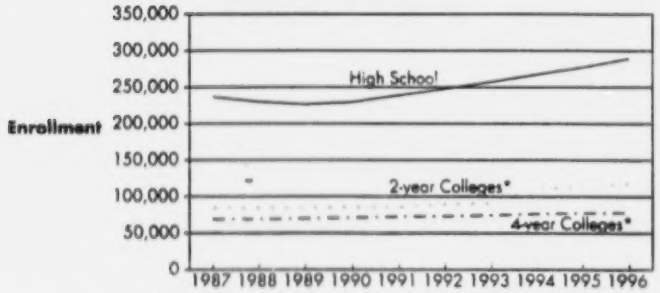


Scores on11th-grade English and Math Tests (CFAS)
Washington Public School Students, 1991-96



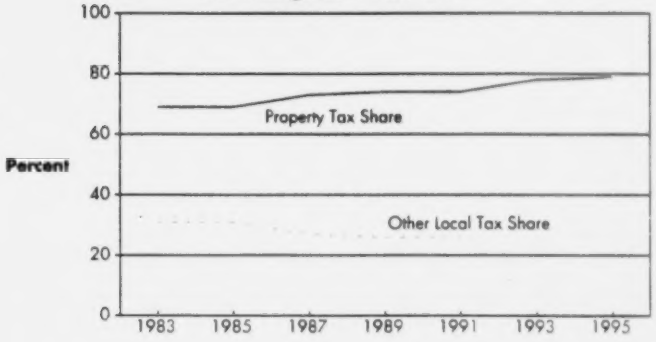
Monitoring the trends . . .

Enrollment in Public High Schools And Public 2- and 4-year Colleges Washington, 1987-96

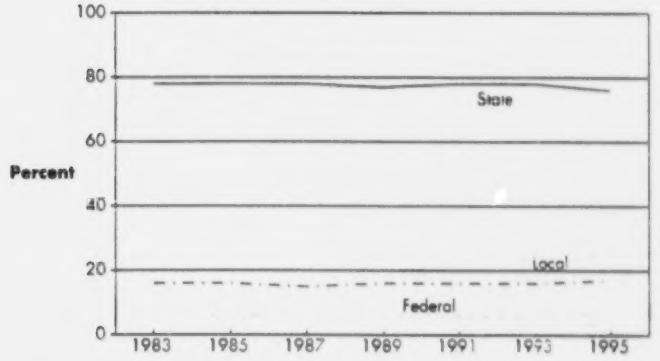


*1994-96 figures include Timber Displacement Program enrollment

Percent of Local Revenue for Public Schools Originating in Property and Other Local Taxes Washington, 1983-95



Percent of Public School Revenue by Source of Origin Washington, 1983-95



Low Adult Expectations

• Students resent low expectations by parents and teachers. On a national survey, 81% of teenagers said they prefer teachers who are demanding but who make the subject interesting to those who make course-work too easy. Half of all students say schools don't challenge them.

High Teen Expectations

• The same survey shows that 82% of teens say a college degree is necessary for a good job; 96% of all teens say doing well in school makes them feel good about themselves.

Large Class Sizes

• Washington class sizes are the third-worst in the nation. There has been some improvement in elementary grades, but high school classes remain large, making it difficult for teachers to give individualized attention.

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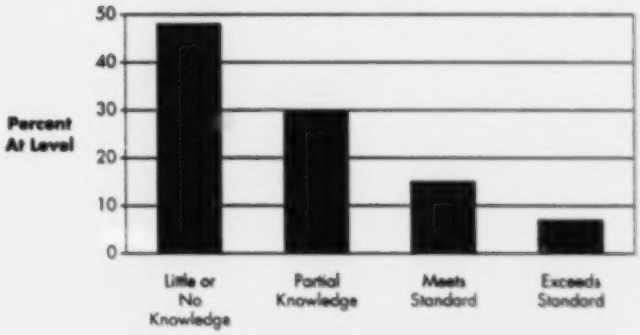
MEASURING PERFORMANCE

Pursuant to the state's Education Reform Act, Washington's new Commission on Student Learning has been developing standards for educational performance and new tests to monitor whether the standards are being met. Previously, the National Assessment of Educational Progress has shown, through a representative sample, whether Washington students were achieving basic or proficient levels of competency in math, science, and reading. The new state test results will soon be available for each student, each classroom, each school, and each district. Washington education faces two challenges: raising the over-all level of performance to meet standards; and eliminating the ethnic and economic disparities in achievement through recognition that every child can learn.

Commission on Student Learning Tests
4th-grade Math Performance
Washington, 1997



Majority Below Standard

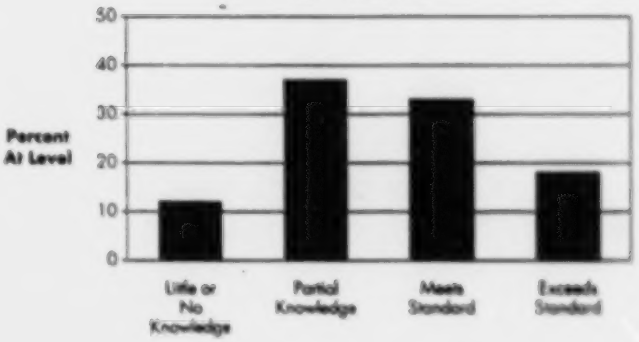
- About 80% of Washington 4th graders took the new math and reading tests in this first, voluntary pilot year (1997). The results may not be fully representative.

- About three-fourths (78%) scored below the standard in math. A bare majority of 51% met the reading standard. And two-thirds were below the standard of writing competency.

Student Attitudes

- About three-fourths of teenagers say that they will pay more attention and learn more if standards are raised and enforced, according to a national survey. About 41% say they have too many teachers who do a "bad job." Teens want teachers who respect and care about them, challenge them, and give them individualized attention. On a national survey, 72% of youth ages 10-13 years and 48% of those 14-17 years said they wanted their parents to talk to them about their school work.

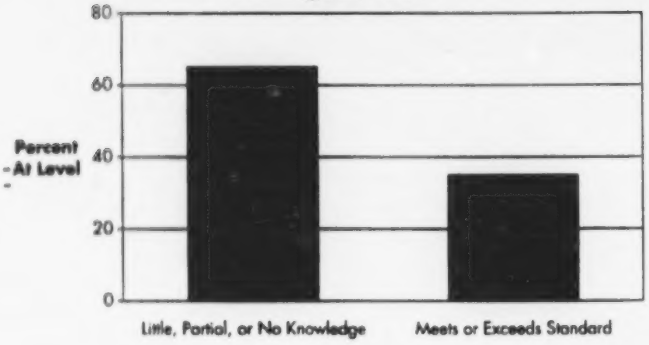
Commission on Student Learning Tests
4th-grade Reading Performance
Washington, 1997



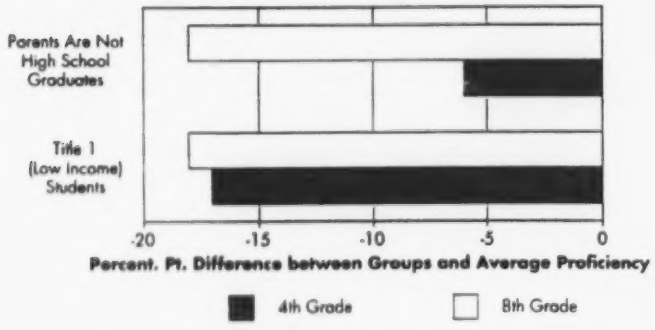
Learning Begins at Birth

• Recent research in brain development shows that critical neurological development occurs in the first year of life and continues rapidly for the next 2 years — making high quality early education critical. Washington State now requires 20 hours of instruction for early childhood teachers, a level that represents only a first step in developing high quality early education.

Commission on Student Learning Tests
4th-grade Writing Performance
Washington, 1997



National Assessment of Educational Progress
Disparities in Math Achievement by Socioeconomic Level
Washington Students, 1996



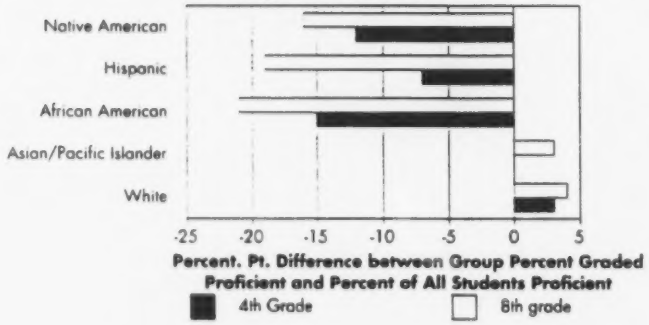
National Tests Show Gaps

• The National Assessment of Educational Progress lets us compare the performance of different groups of Washington students at 4th and 8th grade. The test results show that, despite the intent of universal public education to reduce disparities, gaps in 8th grade performance are even larger than in 4th grade.

Disparities in Achievement

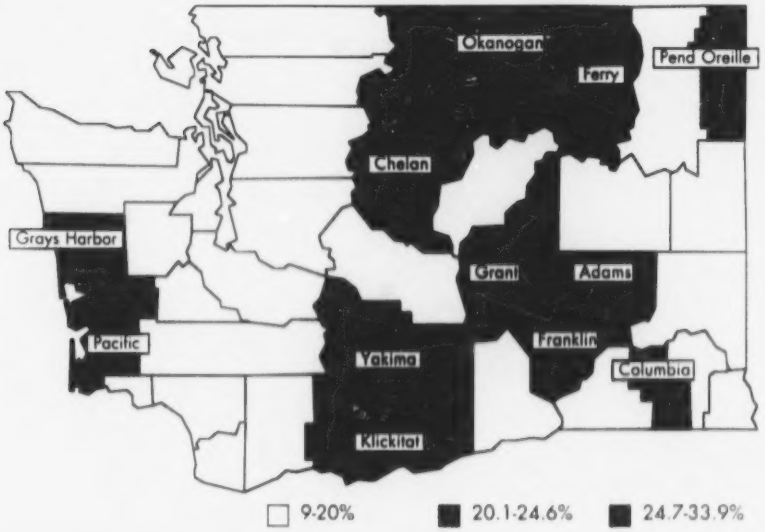
• The new Washington tests for 4th-graders show even greater ethnic group disparities than revealed in the National Assessment scores in the chart. Fewer than 1 in 15 students of African American, Hispanic, or Native American background met the state's math standard on the Commission on Student Learning tests, compared with 1 in 4 white or Asian American students. There were even wider gaps between whites and minorities on the state's reading exam, with 20% to 30% fewer minority students meeting the standard.

National Assessment of Educational Progress
Disparities in Math Achievement by Race and Ethnicity
Washington Students, 1996



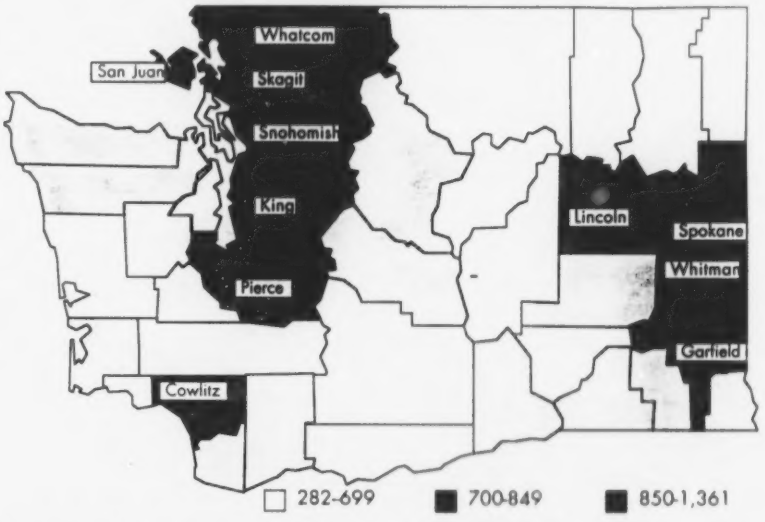
41

Percent of Adults 25 Years or Older Without a High School Diploma or Equivalent Washington, 1990



Having a parent with at least a high school degree helps children in two ways. First, a high school diploma is likely to lead to more family income. Second, better-educated parents tend to read more to their children, be more involved with their school work, and pass the value of learning on to them, all which tends to improve student performance.

Local Revenues per Public School Pupil From Taxes and Other Sources, Washington, 1995-96



State spending for public education — about $6,000 per pupil — is designed to equalize resources and to set a base level of adequacy. But many districts supplement this base. Studies show that greater local spending is linked to higher student performance, even when other factors are accounted for. Local spending averages $964 per pupil, and it ranges from $389 in Asotin County to $1,361 in King County.

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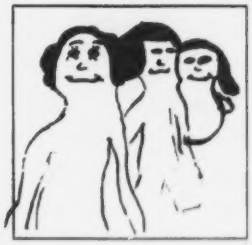
SAFETY AND SECURITY



Our most recent figures suggest that Washington is getting safer for children.

- Homicide death rates dropped dramatically in 1996.
- Death rates from unintentional injuries are less than half what they were 25 years ago.
- Death rates from firearms have dropped for the past three years.

But these events, which affect fewer than .05% of our children, tell only a part of the story. Other data that we present in this report indicate that a significant proportion of Washington's children live, or have lived, in fear in their schools and neighborhoods. Surveys of high school students tell us that:

- 1 in 7 children feels unsafe in his or her neighborhoods.
- 1 in 5 children feels unsafe at school.

Adults must ensure that children have a safe world in which to develop. Unfortunately, adults often are more likely to be part of the problem.

- 1 in 4 children reports having been physically or sexually abused by an adult.
- 1 in 3 children reports personally knowing adults who engage in illegal activities such as drug dealing and stealing.

Key Indicators	Then	Now	Trend
Child Abuse Referrals (per 1,000 children < 1")	58 (1994)	54 (1996)	Better
Unintentional Injury Mortality (deaths per 100,000)			
Children 0-14	11.4	8.9	Better
Children 15-19	29.7 (1994)	32.9 (1996)	Worse
Percent of Deaths Due to Firearms (15-19 Year-olds)	30.9% (1994)	21.9% (1996)	Better
Juvenile Arrest Rates (per 1,000 10-17 Year-olds)	94.9 (1994)	81.5 (1995)	Better
Children Incarcerated in Juvenile Rehabilitation Administration Institutions	989 (1995)	1,014 (1996)	Worse

*Average Daily Population

Given these realities, we must promote resiliency so that children can develop responsible behaviors and positive values, despite the reckless messages they may receive from adults and their peers.

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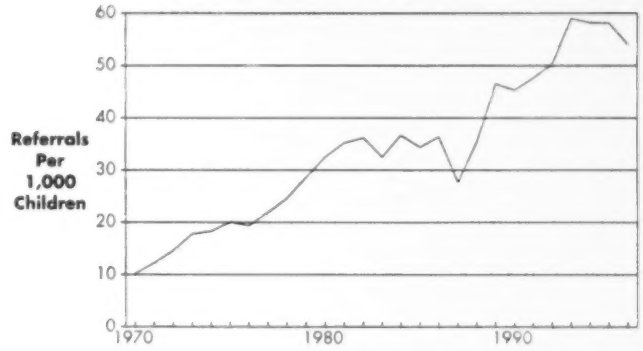
Monitoring the trends . . .

Lower Child Abuse Referral Rates

• More than 50 of every 1,000 Washington children are the subject of referrals each year to the state's Child Protective Services Agency. Because reporting of child abuse can vary over time, it is difficult to know the extent to which these referrals mirror child abuse trends in Washington.

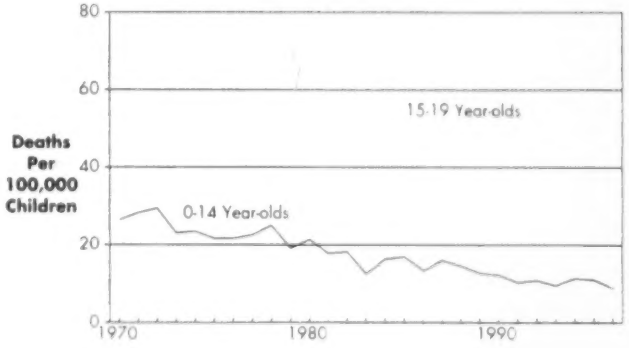
Referrals to Child Protective Services
Washington, 1970-96



Declining Injury Death Rates

• Washington's death rates from unintentional injuries to children have declined significantly over the past 25 years and are now less than half the rates of the early 1970s.

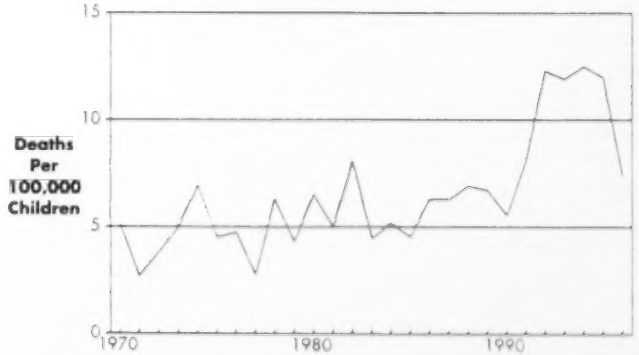
Deaths from Unintentional Injuries
Washington, 1970-96



Homicide Deaths Decline

• The rate at which Washington children die from homicides dropped dramatically in 1996, though it remains higher than it was 25 years ago.

Homicide Mortality of Children 15-19 Years
Washington, 1970-96



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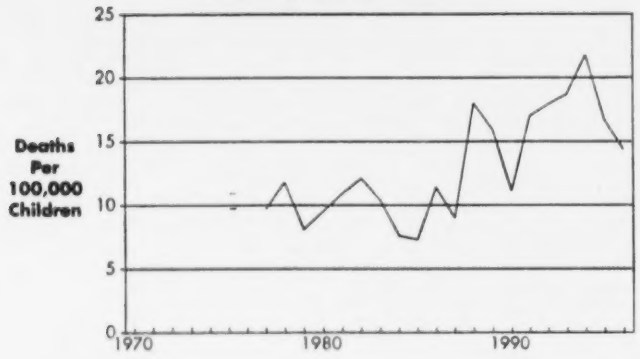
Monitoring the trends . . .

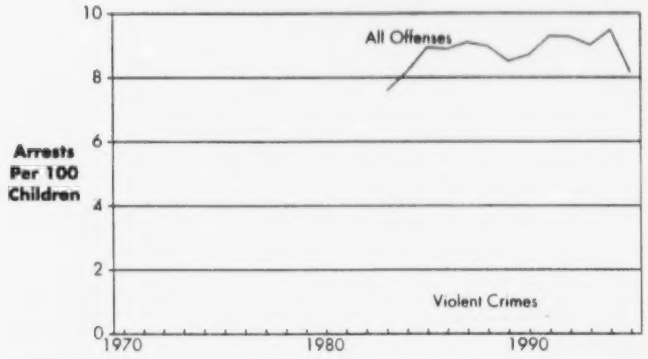
Deaths of 15-19 Year-olds from Firearms Washington, 1970-96



Deaths from Firearms

• Although a higher rate of Washington children die from firearms than during the 1980s, the death rate has dropped for the past three years.

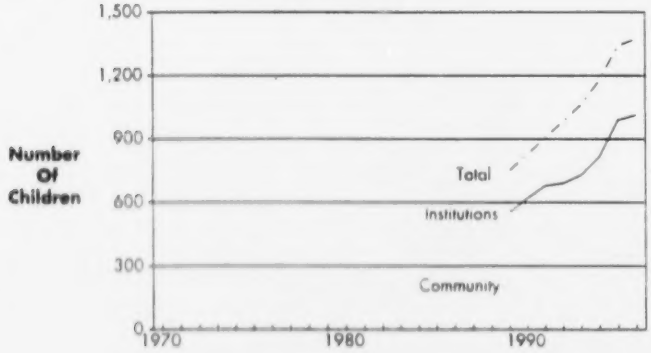
Arrests of Children Ages 10-17 Years Washington, 1970-95



Juvenile Arrest Rates Decline

• The rate of arrests for juveniles for all offenses dropped by 14% from 1994 to 1995.

Average Daily JRA Population Washington, 1970-96



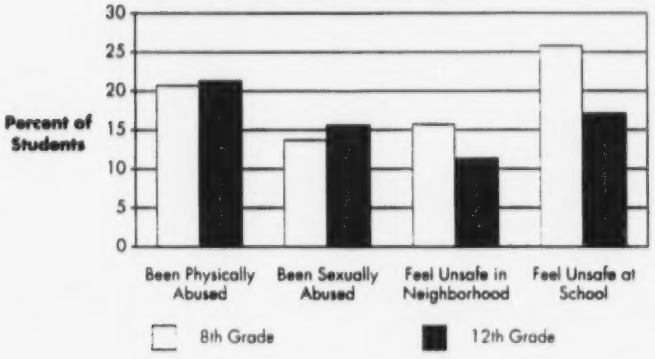
Juvenile Incarceration

• Despite the recent decline in juvenile arrest rates, more children and youth are being incarcerated in Washington institutions and community placements.

BUILDING SAFETY AND SECURITY FROM THE INSIDE OUT

Although the public is often focused on rare dramatic events — such as youth homicide or deaths from motor vehicle accidents — there are many other important, and highly prevalent indicators that can tell us about the safety and security of our children. As the graphs in this section indicate, many children feel unsafe in their schools and neighborhoods, have been physically or sexually abused, and can easily obtain drugs and guns. But a recent survey conducted in Seattle and Bellevue high schools shows that students with high levels of personal and external supports — such as self esteem and connectedness with school, family, and community — are far less likely to engage in violence and more likely to exhibit safe, responsible behavior. By nurturing these "strengths," we can make a major difference in the level of violence, injury, and crime.

Reported Threats to Feeling Safe
Washington Students, 1995



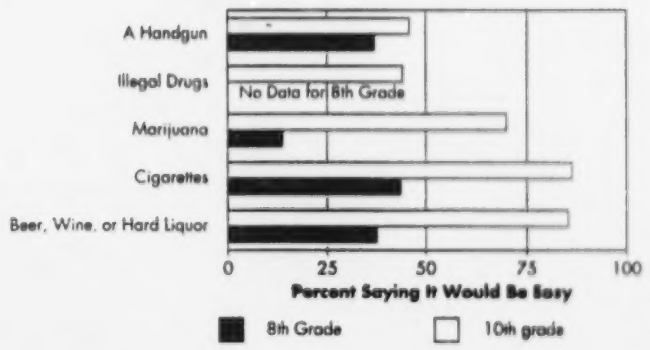
Threats to Safety and Security

- Many children feel unsafe in their schools and in their communities.
- More than 35% of children say they have been physically *or* sexually abused.

Land of Opportunity?

- It is easy for most children to obtain the very things we don't want them to have.
- Nearly half of 10th graders say it would be easy to get a handgun or major illegal drugs. And 70% to 85% say it is easy to get marijuana, cigarettes, or liquor.

"It Would Be Easy to Get..."
Washington Students, 1995



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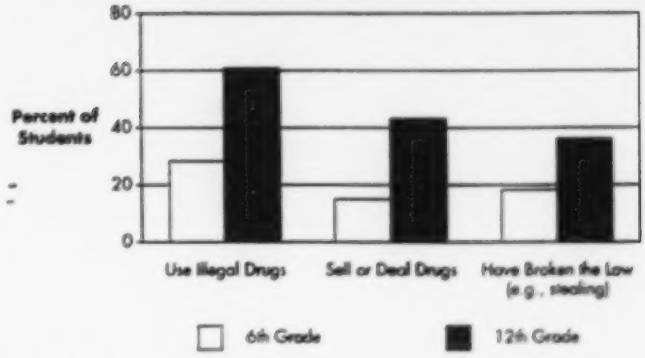
Adult Role Models?

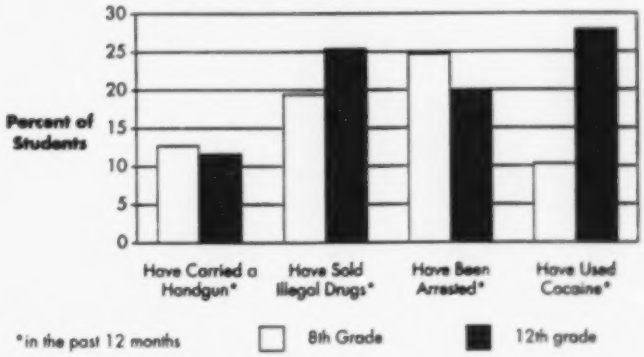
• Many children personally know an adult that has been engaged in some sort of criminal behavior.

• By 12th grade, more than 40% of children personally know adults who sell drugs. More than 1 of every 3 high school seniors say they know someone who has broken the law in other ways.

"I Personally Know Adults Who..." Washington Students, 1995



"I Have Friends Who..." Washington Students, 1995



Peer Influences

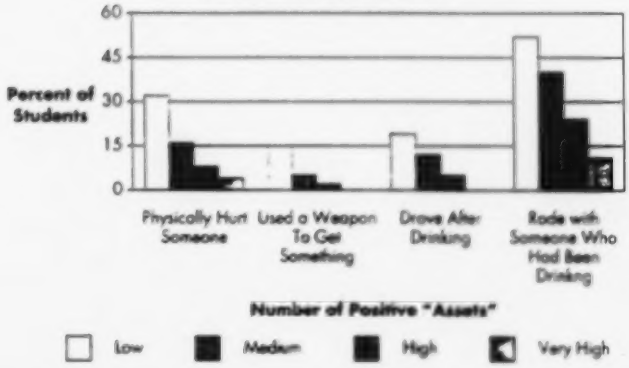
• Peers can be important positive or negative influences in a child's life.

• About 10% of 8th graders say they have friends who have carried a handgun or who have used cocaine. In the 12th grade, 1 in 5 students say they have friends who have been arrested, and 1 in 4 have a friend who sells drugs.

Building Positive Assets Can Help Children Feel More Safe

• Recent surveys of Seattle and Bellevue high school students show that students who have high levels of personal "assets" and supports — such as high self esteem, good connections to school, and adult role models — were far less likely to be violent and far more likely to exhibit self-protective behaviors.

Assets and Risk-taking Behaviors Seattle Youth, 1996-97



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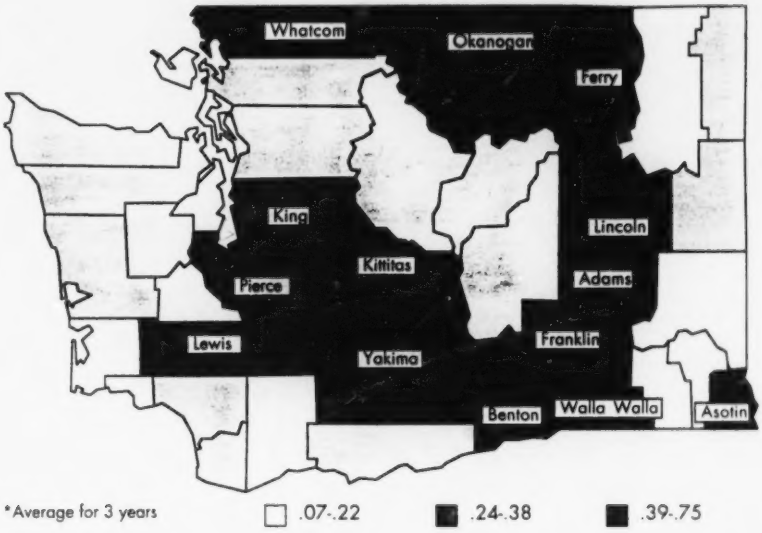
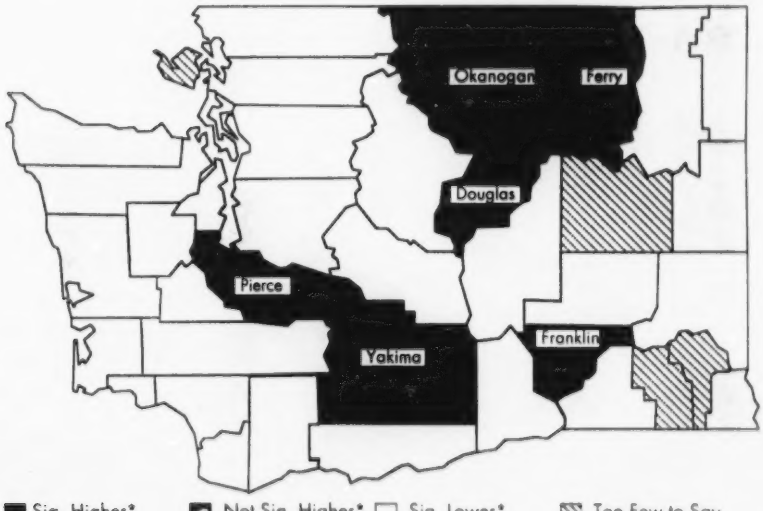
Juvenile Arrest Rates for Violent Crime Per 100 Children 10-17 Washington Counties, 1993-95*



In 1995, about 2,200 Washington children ages 10-17 were arrested for committing violent crimes. High violent crime arrest rates are found in both urban and rural counties.

Death Rate of 15-24 Year-Olds from Firearms Compared with Washington State Average, 1980-95



Deaths caused by firearms may be from suicide, homicide, or unintentional injury ("accidents"). Nevertheless, it is interesting to note that 5 of the 6 counties with the highest rates of firearm-related deaths also have some of the highest rates of juvenile crime arrests (see map above).

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SOURCES

Washington's Children: How Well Are We Doing?
Pages 5-16

How Healthy Are Our Children? — Data on life expectancy from Washington State Department of Health Center for Health Statistics (DOHCHS); immunization data from DOHCHS and the U.S. Centers for Disease Control; data on smoking, exercise, and sleep from the *1995 Survey of Adolescent Health Behaviors*.

How Emotionally Healthy Are Our Children? — Data on suicide ideation from DOHCHS and from "Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health," *Journal of the American Medical Association*. 1997; 278:823-832: data on depression, optimism, and self-esteem from Search reports: data on talking with parents from *Survey of Adolescent Health Behaviors*.

How Well Supported Are Our Children? — Data from Washington State Office of Financial Management and Employment Security Department, U.S. Census, and Center for Budget and Policy Priorities.

How Well Educated Are Our Children? — Data from OSPI and Commission on Student Learning.

How Safe and Secure Are Our Children? — Data from *Survey of Adolescent Health Behaviors*. Data on resolving problems non-violently: Search reports.

How Valued Are Our Children? — Data from *Survey of Adolescent Health Behaviors*. Data on adult parents: DOHCHS. Data on share of planned pregnancies, Washington Pregnancy Risk Assessment Monitoring System (PRAMS).

Family and Community
Pages 17-22

Key Indicators and trend graphs — Data on births to unmarried women, and teen birth, abortion, and pregnancy rates: Washington State Department of Health Center for Health Statistics (DOHCHS). Data on children in out-of-home care: Washington State Division of Children and Family Services.

Story graphs — All graphs based on PRAMS data.

Maps — Data on intendedness of births: DSHS Office of Research and Data Analysis. Data on birth rates for 15-17 year-olds: DOHCHS.

Economic Well-being
Pages 23-28

Key Indicators — Data from Washington State Office of Financial Management and Employment Security Department, U.S. Census, and Center for Budget and Policy Priorities.

Trend graphs — Data on wages and income: Employment Security Department, Office of Financial Management, U.S. Bureau of Economic Analysis.

Story graphs — Data on minimum family budget from UW Human Services Policy Center analysis of data from the U.S. Census, U.S. Department of Labor, and the Center for Budget and Policy Priorities. Data on child care: DSHS Office of Research and Data Analysis. Data on health insurance: U.S. Census Current Population Survey.

Maps — Data from DSHS Office of Research and Data Analysis and U.S. Census.

Health

Pages 29-34

Key Indicators and trend graphs — Data on infant mortality, low birthweight births, prenatal care, and suicide mortality: DOHCHS. Data on immunizations: U.S. Centers for Disease Control.

Story graphs — Data on energy and exercise, *Survey of Adolescent Health Behaviors*. Data on drug use at home: DSHS Division of Alcohol and Substance Abuse and Office of Research and Data Analysis. Data on preventive services and behaviors, DOHCHS, U.S. Centers for Disease Control, and Search reports. Data on indicators of mental health and assets and healthy behaviors: Search reports.

Maps — Data for both maps from DOHCHS.

Education

Pages 35-40

Key Indicators — Data on public school enrollment: OSPI. Data on adolescent attitudes: *Survey of Adolescent Health Behaviors*.

Trend and story graphs — Data on educational standards: Commission on Student Learning, Washington State Assessment Program, National Assessment of Educational Progress, and the Public Agenda Foundation, Getting *By*.

Maps — Data from U.S. Census and Washington State Office of Financial Management.

Safety and Security

Pages 41-46

Key Indicators and trend graphs — Data on child abuse: Child Protective Services. Data on unintentional injury mortality and firearm deaths: DOHCHS. Data on juvenile arrest rates: Governor's Juvenile Justice Advisory Committee, *1996 Juvenile Justice Report*.

Story graphs — Data on threats to feeling safe, availability of weapons and drugs, knowing adults who engage in safe behaviors, and having friends who engage in safe behaviors: *Survey of Adolescent Health Behaviors*. Data on assets and risk-taking behaviors: Search reports.

Maps — Data on arrests: *1996 Juvenile Justice Report*. Data on deaths from firearms: DOHCHS.

WASHINGTON KIDS COUNT

This is the sixth annual report on *The State of Washington's Children*. It was produced by the University of Washington School of Public Health and Community Medicine in collaboration with the Institute for Public Policy and Management of the Graduate School of Public Affairs. This report is part of the Washington Kids Count Project, which receives major funding from the Annie E. Casey Foundation and The Boeing Company.

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General inquiries about this report should be directed to Alice Porter, UW Center for Disability Policy and Research, 616-1013. Questions about the family and community, health, and safety and security sections should go to Frederick A. Connell, 543-8887. Questions about the economic well-being and education sections should go to Richard Brandon, 543-8483. Copies of the report are available from Washington Kids Count, 685-7613. (All UW numbers use area code 206.) Orders can be made, or additional data obtained, through the HSPC website: http://weber.u.washington.edu/~hspcnews/

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